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THE CAROLINA Medical Journal.

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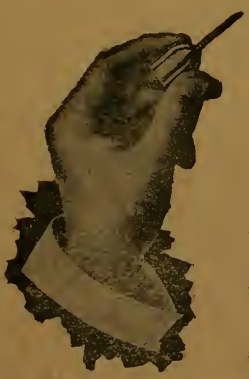

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Editorial.

THE FEVER EPIDEMIC AT THE STATE NORMAL.

In the December Bulletin of the North Carolina Board of Health, Dr. Richard H. Lewis, the Secretary of the Board, makes an interesting and instructive report upon the result of the investigations for the discovery of the origin of the recent lamentable outbreak of typhoid fever at the State Normal. In order to satisfy the public interest as well as to stop the circulation of baseless rumors, the greater part of the present report has already been published in the newspapers throughout the State. Dr. Lewis, however, adds a supplementary report of various facts which have since come to light and which may be said to practically confirm the previous conclusions reached, viz: that the cases of typhoid fever in the school originated in the drinking water obtained from what is referred to in the report as the "central well." The water from the three wells on the premises was examined by two bacteriologists, at separate intervals, Dr. Anderson, of Wilson, N. C., and Dr. F. C. Abbott, of Philadelphia. Both reported the presence of intestinal bacilli in the water from the "central well." The infection of this well is reasonably supposed to have come from a leak in a sewer pipe 125 feet distance, a defect which had very probably been in existence a long time. The much commented on fact that the day pupils of the school were not attacked by the disease has been very satisfactorily disposed of since they were not using the water from the infected well. In conclusion, we are glad to say that the results of the investigation are in accordance with what medical science teaches in regard to typhoid fever, and that the very thorough manner in which all possible sources of future infection have been corrected, and as a result of this experience the State Normal will likely be safer from

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a future epidemic of this kind than any similar institution in the State. In the first report, the statement was made that only 40 of the 100 cases of sickness in the school were due to typhoid, the remaining 60 being of malarial origin. In support of this it is shown that the plasmodium was discovered in six out of eight instances where the blood was examined, and that these 60 cases recovered in from ten days to two weeks under malarial treatment. In his supplementary report, Dr. Lewis mentions the fact that it has been suggested that these latter cases, or an least a majority of them, were instances of mild typhoid infection. Certainly they are open to very grave suspicion.

A reading of this report cannot fail to impress the professional mind with the thoroughness and painstaking manner in which the source of the evil has been sought out and corrected, and we congratulate the Board of Health and its efficient Secretary upon their work.

ON MEDICAL JOURNALS.

The strong, modern tendency towards the amalgamation and consolidation of interests for mutual strength is occasionally seen among medical journals. Our contemporary, the "Texas Medical News," published in Austin, is a case in point. The News has consolidated with four journals since January, 1898, the Southwestern Medical Record being the last to join fortunes with the News.

The fact that medical journalism, like most things in this country, is largely overdone is easily apparent to anyone at all famaliar with the subject. This has been more particularly the case for the last few years, during which the number of this class of publications has greatly increased. Since there is a manifest limitation to the pabulum upon which they must subsist, it was to be expected that a reaction would follow, in which some few of the weakest would go to the wall, while others, acting upon the instinct of self-preservation, would coalesce, the union in most instances resulting in a much better journal, and so the necessary equilibrium between supply and demand be re-established.

The multiplication of journals, like all excessive action, was the foundation of several ills in medical journalism which the reaction now setting in will doubtless correct. The extravagant and fictitious claims regarding circulation, claims bearing no relation of verity to even the number printed, which is the usual basis of advertising contracts, has given a temporary prosperity having no foundation in fact, and as it is with similar inflations in other lines of work, while working an unfairness alike to advertiser and competitor, is bound to suffer collapse. A remedy for this condition, it has been suggested, may be found in a law requiring the postmaster to post a statement, at stated intervals of short duration, showing the circulation of all publications mailed from his office. While such an enactment would be mainly in the interest of advertisers, its fairness to all parties must commend it.

"SENATE BILL NO. 34."

Dr. W. W. Keen, President of the American Medical Association, has issued an address to the physicians of the country, calling attention to the fact that Senator Gallinger, whom, by-the-way, we believe, is a medical man

of the "Homeopathic" faith, has again introduced the bill, entitled, "Further Prevention of Cruelty to Animals in the District of Columbia," being Senate Bill No. 34. The real object of the bill is said to be the prohibition of vivisection and to aid the passage of similar bills in all the State Legislatures. As to its effects, we need only quote Dr. Keen's own words:

"It hardly needs to be pointed out that this would seriously interfere with or even absolutely stop the experimental work of the Bureau of Animal Industry and the three medical departments of the Government, the Army, the Navy, and the Marine Hospital Service. The animals themselves might well cry out to be saved from their friends. No more humane work can be done than to discover the means of the prevention of diseases which have ravaged our flocks and herds. All those who raise or own animals, such as horses, cattle, sheep, pigs, chickens, etc., are vitally interested in the preservation of their health and the prevention of disease. The inestimable value of these scientific researches as to the prevention and care of disease among human beings it is superfluous to point out. Modern surgery and the antitoxin treatment of diphtheria alone would justify all the vivisection ever done."

Dr. Keen very properly urges that all local and State medical societies as well as individuals should communicate with their representatives, especially those in the Senate, with a view of defeating the measure. We note that Mr. J. C. Pritchard, the Senator from North Carolina, is a member of the committee on the District of Columbia, before which the bill will come up.

SAMPLE COPIES.

We have taken the liberty of mailing a few copies of this number to non-subscribers. We ask the doctor receiving this sample copy to read it carefully and then ask yourself, "Is not this JOURNAL worth to me more than $1.00 per year?"

Many physicians of ability write us that our JOURNAL is one of the most helpful that comes to their offices. THE CAROLINA MEDICAL JOURNAL is owned and edited by doctors in active practice and is a medical journal in the true sense of the term. It is not an advertising sheet, lauding the various nostrums. Journals of that character flood the doctors' offices, but reading them is a questionable procedure *since it wastes your time.* Send us one dollar and let us visit you each month this year.

Cancer of Pancreas.—Tolot (*British Medical Journal*) reports a case of cylindrical epithelioma confined to the body of the pancreas. The patient was an adult male, subject for a year to a pulsating tumor in the epigastrium, with a distinct souffle, but no expansion as in aortic aneurism. There was cachexia, not advanced at the date of death—vomiting was absent. Icterus was not observed till a few days before the patient's decease; the urine was then mahogany-colored, without bile-pigment reaction. The gall bladder was not dilated. At the necropsy the body of the pancreas was found to be the seat of cancer. It adhered to the stomach near the cardiac end, the coats, except the mucous membrane, being infected. The head of the pancreas was quite healthy. In the liver were large metastatic foci, not the small spots, like candle-grease stains, often seen in association with pancreatic tumors. The seat of the tumor explained the absence of any symptoms of compression of the biliary ducts. The growth had originated in the excretory ducts of the pancreas.—*Maryland Medical Journal.*

Medical News and Items.

The Maryland Medical Journal has changed from a weekly to a monthly.

The Medical Society of North Carolina will meet in Tarboro on Tuesday, May 15th.

New York Polyclinic.—Dr. M. Manges has been appointed Professor of General Medicine at the New York Polyclinic.

Dr. Geo. W. Long, the president of the North Carolina State Medical Society, is moving from Graham to Statesville, N. C.

The Board of Health, of Wilmington, Del., has passed an ordinance prohibiting public funerals of patients who have died of diphtheria.

Drs. Wm. Osler and Howard Kelly, of Baltimore, have been elected honorary members of the Royal Academy of Medicine, of Ireland.

The Journal of Eye, Ear, and Throat Diseases, of Baltimore, which is ably edited by Drs. Francis M. Chrisholm and John R. Winslow, will hereafter be issued every two months instead of quarterly as before.

On December 12th, a jury in York, Pa., awarded damages of $1,000 against two physicians of that city. It was alleged that a fractured limb was bandaged so tightly that gangrene supervened, and amputation was necessary.

The Plague continues to spread. An outbreak is reported in New South Wales, Australia, in Honolulu and in the Philippines. The disease has also knocked at our doors in seaport cities but so far has not gained admittance.

The Statue of the Late Dr. William Pepper, which occupies a prominent site on the grounds of the Museum of Archeology, Philadelphia, was unveiled on December 20th, the date which marks the opening of this new building of the University of Pennsylvania.

Mortality in the Army.—General Sternberg reports that between May 1st, 1898, and June 30th, 1899, there died from disease, 2,774 men from typhoid fever, 476 from malarial fever, 359 from pneumonia, and 342 from diarrhea and dysentery, and 185 from yellow fever.—*Medical News.*

Schlatter's Famous Case of extirpation of the stomach for cancer has at last reached a fatal issue. The patient left the hospital and lived for over a year after the operation. She died from a recurrence of the cancer. That a woman of this age should live and maintain her nutrition after the removal of the stomach is remarkable. She was over sixty-five years of age.

The American Women in England have equipped the steamer Maine as a hospital for use in South African waters. This ship has been lent without charge by the Atlantic Transport Company. This is the American company that during the late Spanish war donated the steamer Missouri for use of the War Department as a hospital ship. The British government has gratefully accepted the offer of the Maine.

Presbyterian Hospital, Philadelphia.—At the formal opening of the Thomas Hoge ward of the Presbyterian Hospital, Dr. S. Weir Mitchell delivered an address, in the course of which he said: "All hospitals should be

so managed that no man or woman should be allowed to come in and accept what the hospital can give without being questioned as to their being able to give something toward what they are to get."

College of Physicians and Surgeons, Baltimore, Md.—The new building which has just been completed was formally opened last week. Dr. Thomas Opie, dean of the faculty, presided and made an address upon the history and progress of the college. Addresses were also made by Mayor Hayes, Dr. Charles F. Bevan, chairman of the building committee, Dr. Wm. H. Welch, of Johns-Hopkins University. The new building is a three-story edifice.

Dishonest Practices of County Undertakers.—E. D. and Frank Thompson, a Shelby County (Tenn.) undertaker and his brother, have been for some time selling the bodies of the pauper dead turned over to them for burial. Most of the bodies were disposed of to a medical college at Keokuk, Ia., and to some colleges in Missouri. The undertakers, however, were apprehended in St. Louis, where, after trial, they were sentenced to pay a fine of $750 and to undergo imprisonment for 11 months and 29 days.

A Suit for Medical Services.—About a year ago a wealthy resident of Cortland attempted suicide in the village of McLean, but failed to accomplish his object, and repenting called in a physician. The latter rendered all necessary services, both medical and surgical, and saved the man's life. Later the physician sued his patient for $10,000, claiming that the man's life, which he had saved, was worth that amount. The claim of $10,000 was not allowed, but the plaintiff was awarded $900.—*Medical Record.*

Dr. Wm. B. Canfield, of *The Maryland Medical Journal*, of Baltimore, died December 26th, at the Roosevelt Hospital, New York, where he had been a patient since his accident of November 28th. Dr. Canfield was seen to fall to the pavement as he approached a house on West 72nd street, and when taken to the hospital it was found that he had sustained a fracture at the base of the skull. For a time he seemed to improve, but several days ago his friends were informed that cerebral meningitis had developed and his life was dispaired of.

The Doctor's Pay.—The *London Spectator* has been considering the question of the remuneration of medical men. It maintains that the doctor remains the only man who is habitually swindled and whose charges excite a preposterous amount of annoyance. The article concludes by saying: "We want the doctors to be as educated as barristers, as devoted as the clergy, and as well paid as saloon-keeper." It would indeed be more than a realization of splendid dreams of doctors could be paid as well as saloon-keepers, or half as well as prize-fighters.

Health Officer Receives a Warning.—Health Officer Doty, of New York Harbor, has received an anonymous letter from Naples, declaring that among the steerage passengers of a certain steamer, scheduled to arrive in a few days, are a number of persons from districts in which the bubonic plague is prevailing, who were smuggled aboard after rejection by the inspector of the United States Marine-Hospital Service. Dr. Doty is not inclined to lay much stress on the communication, but says great care will be taken when inspecting this particular vessel.

The Plague and Mice.—Dr. Donga, Provincial Medical Officer of Health at Venice, says: "An evident and well-demonstrated connection exists

between the plague of men and that of mice. The same specific agent is the cause of each. It is communicable from mouse to man and vice versa. Either one or the other may be the vehicle of contagion from place to place. Although the transference of infection from a sick man to a healthy man does occasionally occur, the mouse (or rat) seems to be the chief and almost necessary agent of the epidemic diffusion of plague.

Free Medical Attendence for the families of those who are fighting in South Africa will be organized in Great Britain on a large scale. A circular has been issued to the secretaries of all branches of the British Medical Association in the United Kingdom, inviting them to organize within the area of their branches such a scheme of gratuitous medical attendance. Replies were immediately received from 27 out of 37 branches, in favor of the movement. Of the others, 3, probably Irish, as a large portion of Ireland is sympathetic to the Boer cause, refuse to co-operate, while one or two are thinking the matter over, and the rest reply that such free medical service is always being given by the local medical profession on their own initiative.

According to *El Progreso Medico*, Havana, the Anglo-Saxon race prides itself on its obedience to the law, "but in changing its medium it seems to have adopted customs contrary to its usual habits." This is in reference to the physicians from the United States who have settled in Cuba without complying with the legal requirements for practice. It also urgently appeals to the authorities to revoke the licenses granted by the Spanish to many charlatans and adventurers who are now practicing in Cuba as legitimate members of the profession, under the shelter of the Spanish laws. It says that every practitioner should be required to present evidence of his ability and professional training, or be otherwise stricken from the list.—*Journal American Medical Association.*

Hydrophobia Without Being Bitten.—Among the eight persons who died out of the 1,500 treated during 1898 at the Paris Pasteur Institute, was a child who was attacked by a rabid dog but was not bitten, pushing the dog away with his hand on the animal's open jaws, and soon after rubbing his eye with his hand, as a grain of sand lodged in it. He died of hydrophobia sixteen days later. Another person was bitten fourteen months before by a dog, which was then and has ever since been in apparently perfect health. In another case a man was bitten, but the veterinarian who examined the carcass of the dog, killed at once, certified that none of the ordinary symptoms of rabies were discoverable, and yet the subject died in forty-three days.—*Journal American Medical Association.*

Insurance Fees. — The Charlotte Medical Society at a meeting on December 5th, 1899, passed the following resolution relative to the fee for insurance examination:

"Resolved: That no examination shall be made for any "old line" insurance company for less than $5.00 and that the company must itself pay the examination fee."

The resolution was passed as a defense against the prevailing tendency of the companies to reduce the medical fees for examination. Happily most of the companies have shown sufficient appreciation of the services of their examiners as to yield to the request that the former fee of $5.00 be continued. One of the more prominent of the companies, however, has declined to

allow the examiners any voice in the matter of recompense for services. As a result of the above resolution of the Charlotte society Dr. John R. Irwin, for several years an examiner for the New York Life Insurance Company, has tendered his resignation to the company.

The District of Columbia Antivivisection Bill.—We take pleasure in publishing the following appeal to the members of the medical profession in the United States:

The cause of humanity and of scientific progress is seriously menaced. Senator Gallinger has again introduced into Congress the bill for the further prevention of cruelty to animals in the District of Columbia, which he has so strenuously and misguidedly advocated in the last two Congresses. Its present number is "Senate Bill No. 34." Twice the committee on the District of Columbia has also unfortunately and misguidedly reported the bill with a favorable consideration. The bill is speciously drawn to seem as if it were intended only in the interest of prevention of cruelty to animals. The real object of the bill is two-fold: First, to prohibit vivisection; and secondly, to aid the passage of similar bills in all the State legislatures.

I need hardly point out to you that this would seriously interfere with or even absolutely stop the experimental work of the Bureau of Animal Industry and the three medical departments of the government—the Army, the Navy, and the Marine Hospital service. The animals themselves might well cry out to be saved from their friends. No more humane work can be done than to discover the means of the prevention of diseases which have ravaged our flocks and herds. All those who raise or own animals, such as horses, cattle, sheep, pigs, chickens, etc., are vitally interested in the preservation of their health and the prevention of disease.

The inestimable value of these scientific researches as to the prevention and cure of disease among human beings it is superfluous for me to point out. Modern surgery and the antitoxin treatment of diphtheria alone would justify all the vivisection ever done.

As my attention has been called officially to the introduction of the bill, I take the opportunity of appealing to the entire profession of the country to exert themselves to the utmost to defeat this most cruel and inhumane effort to promote human and animal misery and death, and to restrict scientific research. It is of the utmost importance that *every physician* who shall read this appeal shall *immediately* communicate especially with the Senators from his State, shall also invoke the aid of the representatives from his or other districts in his State, and by vigorous personal efforts shall aid in defeating the bill.

It is especially requested also that all the national, State and county societies at their next meeting take action looking toward the same end. If regular meetings are not soon to be held, special meetings should be called. Correspondence is invited from all those who can give any aid.

The committee on the District of Columbia consists of Senator James McMillan, chairman, and Senators J. H. Gallinger, H. C. Hansborough, Redfield Proctor, J. C. Pritchard, Lucien Baker, C. P. Wetmore, C. J. Faulkner, Thomas S. Martin, W. M. Stewart, and Richard Kenney. Personal letters may be addressed to them or to other Senators. Petitions should be addressed to the Senate of the United States.

[Signed.] W. W. KEEN,
President of the American Medical Association.

The Carolina Medical Journal.

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Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

Original Communications.

Is Honesty the Best Policy in the Practice of Medicine?

By F. JULIAN CARROLL, M. D., Summerville, S. C.

"MOLASSES catches more flies than vinegar." This homely phrase was the pet maxim of one of our professors at the Medical College of South Carolina, and had he taught his students naught else, this learned gentleman had supplied these embryo doctors with a valuable working formula for the seamy days which come after graduation.

The successful practitioner should be a man of complex character and of many and divers attainments—one who like a well-ordered, though as yet undiscovered musical instrument, is capable of responding to the every touch of humanity, and ready to regulate his melodies to the feelings of his player.

His sympathies should run through the whole scale of emotions—"from grave to gay, for lively to severe."

He should know the name, age, sex, and even the birth-marks of each and every one of Mrs. Jones' fourteen children, and should he perchance forget that John and James are twins, and that John, the first born, came head foremost, while the after coming James arrived on this mundane sphere in an opposite position, the doctor is guilty of an unpardonable breach of memory.

This same deserving physician must preserve a grave and sympathetic countenance while widow Thompson, with many a grunt and whine, describes a mysterious pain, which, according to this good lady, "starts een the middle uv me back an' runs up ter me neck." Then, after, from all accounts, running bicycle races up and down her spinal column for an indefinite and variously estimated period of time "mos' givin' me the spasums" as she pathetically explains, this malicious, automobile sort of a cus "runs som' ter me stomick an' after growlin' an' a grumblin' thar fer a wile rises up een me throat like a lump er sumthin'."

When through the virtues of various and sundry medications, after a long and disheartening "stern chase," the good doctor succeeds in catching up with this illusive malady, and in mortal combat vanquishes it, he (the doctor) must not fail to be duly grateful if Mrs. Jones grudgingly admits that "yer las' med'cin' did 'pear ter hope me sum'at—but"—and what a distressingly expressive "but" this is! Or that "it" (the medicine) "hed moved ther pain frum me stumick an' neck but hed made it fly to me he'd an' cause ther mortigue."

Usually the utmost encouragement Mrs. Jones condescends to give is that she "c'dn't say as she felt wery much worser than yestidday."

When Miss Pricilla Lumpkins sprains her charming little ankle and needs your surgical attention, I feel sure, my dear discreet doctor, that you carefully and ostentatiously turn your back while "Miss Prissy's" mother deftly takes off her daughter's dainty hoisery. This process is, of course, accompanied by many pathetic little crys from the injured party, and between these you are expected to tenderly and sympathetically assure this fair patient that it "really don't hurt," or maybe get off the antiquated old lie about wishing it was you, etc. At this she may fly out at you that "it does hurt dreadfully and she wishes it really *was* you who had broken your leg"—for she firmly believes her limb a pulverized mass of wreckage—but this you naturally won't feel hurt about.

Now, perhaps after shoving her pretty foot out and hauling it back a number of times, the fair sufferer allows you to examine the injured member. After a careful and minute inspection you possibly find a little redness and no swelling at all, and you are ready to gravely and solemnly assure this sweet young thing at least a dozen different times that you "*really*" don't consider amputation necessary, and that she wont be "a horrid cork legged old hag" after all.

Dr. Getthere does not feel it a hardship to be called five miles in the country at 2 a. m. to see old Mrs. Smith, who, though she has never paid him a cent, was one of his first patients—and we all know the mysterious and all powerful influence "first patients" claim to have over physicians—and when they proudly assert, "Why, sir, I was one of the first as had him to practice on me," they have stated a fact which to their minds is an endorsement not to be lightly treated by the medical profession, and one that demands the chosen physician's eternal gratitude and ever faithful homage.

That the night is a cold December one, and the snow falling fast, the doctor does not, of course, consider nor does he forget to be duly appreciative when the dear old lady explains: "You see, doctor, 'twarnt like I was real sick, you know, but I was *that* nervous that I couldn't sleep—and you are always *so* kind and good about coming *whenever* I send for you, I said to Molly, who did not want me to send for you, etc., etc."

Nor does the tactful and progressive young physician mind telling Mrs. Newmother on an average of three times daily (t.i.d.) for the first three months of Herbert Algernon's young life that every time the self same Herbert Algernon sneezed he need not necessarily have a fatal case of pneumonia. The doctor may even have to tell just why Herbert Algernon *did* sneeze—and the last is decidedly worse than the first.

All of which goes to show that, while medical skill certainly plays a part in a physician's success in life, it very often plays only a small part; and that the ordinarily informed, yes and frequently the ignorant physician, with a good supply of that peculiar talent which for convenience of description we designate as "tact" need seldom despair of his future progress.

Now, far be it from me to disparage the use of these God-given faculties of pleasing, but I would have my medical brothers bear in mind that like everything else this "tact" or "policy" or whatever else we chose to term it, may be carried to excess. In no other profession is the element of mystery such a prominent factor as in the medical profession; and the boundary line between amiable deception such as the use of bread pills and hypodermics of plain warm water, and the borderland of positive "humbugery" and charlatism is so ill defined that these become too frequently merged.

The temptation to deceive is great, for as Barnum wisely said, the general public love to be fooled so long as they are skilfully fooled.

On the other hand, however, the dignity of the medical profession is, or ought to be, such that men who habitually take advantage of this gullability of the public to the extent of becoming mere "bamboozlers" should be relegated to the quacks and corn curists.

Still are they?

This is a difficult question to answer. At times it seems that in medicine as in other pursuits honesty is at a discount, and "policy" is the watchword. Though we are confronted on all sides by the time-honored saying that "honesty is the best policy" we must feel a considerable degree of scepticism as to honesty being policy at all.

"Honesty is the best policy" glibly prates the school boy as he surreptitiously slips a "key" under his desk and proceeds diligently with his examination.

"HONESTY IS THE BEST POLICY"

we find printed in large letters behind our grocer's counter, still we are not surprised to find on getting home that our sugar is sanded and our flour underweight. "Bolicy iss one ting, bractice iss anuder" this dealer would probably explain.

"Honesty is the best policy" howls the politician who has just sold his vote.

"Honesty is the best policy" reiterates the lawyer as he affably pockets the major portion of his client's estate.

And "honesty is the best policy" gravely assents Dr. Sly, who has just finished stabbing a brother physician in the back.

These men know, as we all know, that honesty isn't policy at all, and indeed that the accepted idea of "policy" almost precludes the possibility of honesty.

As a homely and common illustration of the difference between honesty and policy I shall relate an incident of my early practice:

Shortly after finishing my term as resident physician in a Charleston hospital I received an appointment as attending surgeon to a large phosphate works. Nominally I was only to attend the phosphate laborers, but actually I attended the whole surrounding country, as it was impossible to ascertain the real from the spurious claimants of this honorable title. However, soon after entering on my duties I received a visit from a comely colored woman of perhaps thirty, who, after coyly evading my questioning for a while, confessed a desire for "a dose uv breedin' med'sun." By way of explanation she stated that she had not had a child in five years and had been in ill health since the birth of her last. This lack of vigor she contributed to her failure of fecundity.

Impressed with the opportunity of establishing my reputation on a firm basis among my negro patients, and suspecting from her history a case of

lacerations and endometretis, I told her that though I knew of no "breedin' med'sun" I thought it possible, even probable, that I could do a slight operation which would restore her reproductiveness, and with this end in view, requested to be allowed to make an examination.

She seemed to have no scruples about "bein' zaminated," as she expressed it, indeed she seemed rather "set up" over the operation, and palpably looked forward to it with no little manifestations of importance. Her condescending manner was quite amusing to witness.

As I had anticipated, on making a vaginal examination I discovered a badly eroded and ulcerated os with a slimy, tenacious yellow mucous exuding therefrom.

Not having any assistance within ten miles, nor any facilities for operation, I contented myself with a preparatory treatment of tampons, followed by a thorough curettment and packing of the womb. This answered admirably and the woman came on nicely, but soon passed from my sight and memory.

About ten months or a year after this I saw a colored woman evidently containing much within herself of which she was exceedingly proud, coming up the steps of my office. When she had entered and seated herself I was gratified to recognize my patient of some months previous now evidently six or seven "months gone," as she would have termed it.

"You see," said I, after the usual preliminaries of greeting had been gone through with, "this is the result of the operatien I performed. Without that you would still have been barren."

"Oh no, sah, dat ent frum no operashun—de operashun ent do a scrap ob good. De way I *did* cum fo' be een fambly way is dat I went ter ol' Doctur Grimes an' him gib me sum breedin' med'sun dat do me all de good."

In this case I was honest at the expense of reputation, while Dr. G. was "politic" at the expense of honesty. From questioning this woman he doubtless suspected that she was already pregnant and he then commenced the treatment with his "breedin' medicine," which, according to the good woman, did her "all de good." It was easy to work on the credulity of this ignorant creature and this shrewd physician scrupled not to do it.

As another instance of what some might term the difference between honesty and policy, but which is perhaps more properly classed as honesty and dishonesty, I will beg the indulgence of my readers, if there are any such, and relate another incident of my practice.

I was summoned early one morning to see a lady whom I had but recently delivered. In tiding her over several threatened abortions I had been forced to use morphine hypodermically and she evidently had learned to appreciate its efficacy and like its effects. On the morning alluded to she sent for me to have me inject this potent remedy for the relief of a real or imaginary neuralgia. As is usually my rule when patients show an inclination for morphine, I substituted another drug—which, of course did no good. Another and still other, had like bad results. Finally, after exhausting the coal tar derivatives and using papain without results, I wrote a last prescription, knowing full well, however, that nothing but a morphine injection would suit my patient. Hence I was rather surprised to hear nothing farther from this lady and began to hope against my own convictions that this last prescription had done its work effectively.

Not receiving another call from this family for a couple of months, and knowing their facility for getting sick, I was led to make inquiries into their unwonted healthfulness. I soon elicited the information that, on finding I

absolutely would not give her morphine, my patient had quietly summoned another physician.

This gentleman, it seems, had fewer scruples, and without inquiring into such small details as ethical proprieties, et cetera, had promptly administered the hypodermic of morphine as per request.

The result was that this practioner gained as patients a good paying family, while I got experience plus the personal satisfaction of having tried to do the square thing by my patient.

This same glow of honest pride, as it were, of having done one's duty, is, of course, a fine thing and all of that, but unfortunately it doesn't make the pot boil, and the connected ideas in the phrase "poor but honest" are but too frequently forced home to us who try to be of the "honest persuasion."

Indeed if an honest may grows rich it is not through his honesty, but in spite of it, and such cases as the above—and they are of every day occurrence—lead us at times to doubt not only the policy of absolute honesty, but even the compatibility of honesty with success in a certain proportion of cases.

I see by a prominent newspaper that a certain advertising quack, who modestly styles himself "The Greatest Specialist of this Country," in letters so large that "he who runs may read," is to appear in a magazine article in the "Success in Life" series. The self-depreciative title of this highly instructive essay is to be "The Work of a Great Specialist," and it is said it will be published "in one of the leading magazines."

The newspaper neglects to tell us just how much this "greatest specialist of modern times" will pay this magazine to publish his article, nor does it seem probable that we will ever have this interesting piece of news vouchsafed us.

Now this man with a M. D. after his name is frankly a fraud, and every intelligent man will recognize him as such; unfortunately, however, we have in the acknowledged fold of our profession men who owe their success to just this same fraudulent practice conducted on a smaller but a more underhanded and treacherous scale.

Men who "really don't like to say a word against Dr. A., but—well I must say I *did* smell whiskey on his breath." Or "yes it was very, very sad about Mrs. Jones' death—so young and so strong—well, there are advocates, of course, of cold water in typhoid fever, and I would not like to be quoted as saying that Mrs. Jones *was* killed by the ice baths, but *I* prefer other methods." This, when a number of Mrs. Jones' family is criticizing Dr. A. to Dr. B. for using cold water in treating typhoid fever.

But why continue in this strain. We could quote examples ad infinatum et ad nauseum without I suppose doing a particle of good.

Probably these men among us like the "greatest specialist" above alluded to, have finally determined that honesty is not the best policy, and they are simply living up to their convictions.

The general public is of a necessity unable to correctly estimate a physician's worth, and from it we can expect but little, but we have a right to, and do expect a more correct estimation of honesty and merit from the prominent members of our own profession. Unfortunately, however, we are often grievously disappointed in our expectations.

Does the "prominent surgeon" tie to the straightforward, honest young man of ability who does not scruple to tell him that he has not performed the Emmet's operation as Dr. Emmet does it, or does he cling to the young assistant of ordinary ability, who holds up his hands in ecstacy and "ceases

not day and night to sing Holy, Holy, Holy," to all that the self same "prominent surgeon" does or says? I think one does not need much worldly wisdom to pick the winner of these two young men.

I have been surprised and disgusted to see how much absolutely unadulterated flattery men of prominence in our profession will swallow with apparent relish, and it has appeared to me that the young physician who could administer this pleasant dose in the most attractive form was the man most apt to achieve success in his chosen profession.

I fear that I shall have accomplished but little good in presenting this rather pessimistic article to the medical profession, for even presuming that I was able to suggest a remedy—and I am not—and that the members of our profession reached by this paper, agreed with me in my views, I doubt if we could find an effective way of putting this remedy into execution. Still if I have succeeded in making any of the readers of the Carolina Medical Journal "take thought" on this important subject, I have started a train of ideas that may be productive of good and this article will not have gone for naught.

It has always seemed to me that there is too much artificiality about our professional relations to each other—too many ethical rules which few know, fewer respect, and almost nobody follows. Rules which make the honorable members of our profession—and thank God! there are honorable ones! the victims of their more unscrupulous brother practitioners.

We are nineteenth century physicians nominally working under a code so elevated, so ennobling, and so chivalric, that it seems a leaf from the page of the the sixteenth century, but it isn't practical.

It is a positive crime against ethics to patent an invention on which we have spent years of hard labor and study, but we can ruin a fellow practitioner's reputation "on the quiet" and the medical societies never take cognizance.

There is room for change and there is need for it. We need candor and frankness in our relations towards each other. We are brothers in name only, unless we are working on the theory that family feuds are always the bitterest. By our petty bickerings and mean jealousies we are continually holding up to the deserved ridicule of the public a profession which, like Caesar's wife, should be "above reproach."

And not the least among the reasons for this decadence in our profession is the repudiation of the principle that, "honesty is the the best policy."

Multiple Synchronous Amputations.

By R. L. GIBBON, M. D., Charlotte, N. C.

Member of the American Medical Association, and of the North Carolina Medical Society, etc.; one of the physicians to the Charlotte Private Hospital; Local Surgeon for the Southern Railway Company.

SOME time ago, I reported in the North Carolina Medical Journal, a case of quadruple amputation for severe railroad accident.

The patient was a man of about 35 years of age, and according to the statement of his companion, was not *drunk*, but *had had* several drinks. We will not allow a discussion of this fine distinction to delay us here, however, the difference after all being merely one of degree, but proceed at once

*Read before the Charlotte Medical Society.

to the more important matters. In this hilarious condition, he and a companion walked up the track some distance from the depot and were both run down in the darkness by an incoming train. Of the two, my patient alone received injury—falling diagonally across the track the wheels passed over both arms below the elbow; over the right leg below the knee and crushed the left foot.

The history of the case having already been published, I will not reproduce it here in detail. Suffice it to say that both arms were amputated close to the elbow the right leg removed just below the knee, and the left foot at the tarsas; the unfortunate subject surviving the operation seven (7) days, rather "by reason of strength," however, than from any marked tendency to recovery.

As a matter of further interest, I may add that these amputations were truly synchronous, there being two operators at work simultaneously. The operation was begun about one and a half hours after the injury was received and the time of anæsthesia was about an hour.

In this connection, and before going into the citation of authorities and the discussion of the various questions which naturally arise in a consideration of multiple amputations, I wish to refer briefly to another case, one of double amputation. These two comprise my individual experience of multiple synchronous amputation.

In February, 1895, a negro boy, twelve or thirteen years of age, while attempting to mount a moving freight train, had his left arm and left leg crushed by the wheels. The operation which followed, was done shortly after the receipt of injury and occupied about one hour.

The left arm was amputated in the upper third, and the leg close to the knee joint. The recovery of this case was uneventful.

In any discussion of multiple amputation, there are several points of interest, common to all amputations for traumatism, but peculiarly important where more than one of the extremities are removed.

1. Is it advisable to employ two operators simultaneously?
2. How soon after an injury should we proceed to amputate?
3. What is the relative prognosis in multiple amputation?

The term synchronous has been applied to instances where more than one limb has been taken off at the same sitting, so to speak, or even where several hours have elapsed between the removal of the different parts, but it is obvious that the most perfect example of a synchronous amputation is where the method of having two operators is employed. Is there any advantage to be derived from such a procedure? At first glance there would seem to be a very material gain, in the relatively short time of anæsthesia and the speed with which the patient is disencumbered of the crushed and mangled parts. On the other hand it is possible that the shock of simultaneous amputation is greater, that two operators, unless habituated to working together and equally experienced may bungle the work, act hastily and without due regard to technique, so that in reality more time is lost in the effort after speed than would be consumed in the usual manner of operation. In a well appointed hospital, with plenty of assistance, and leisure for a thorough preparation and division of labor, this last objection could be entirely done away with. Under such circumstances, however, the need for haste is not so urgent. It is in some out of the way place, with untrained assistance and no conveniences to speak of, in the middle of the night, a patient with three or four horribly mangled limbs to remove, that the mind of the surgeon, even though he has never heard of the method of synchronous amputation,

unconsciously turns to this plan as a remedy, against long hours of work, tedious to the operator and full of fatality to the patient. Here, with the advantages of the method most apparent, the objections just referred to, apply with greater force.

This question is at least a debatable one, as may be seen from the extracts to which I shall call your attention.

Dr. Wharton, of Philadelphia, in the *Medical News*, March 31st, 1894, reports a successful case of triple amputation for railroad injury, where the operation was done some hours after the injury was received. He does not see any advantage in having more than one operator at the same time.

Dr. Irish, (*Boston Medical and Surgical Journal*, December 25th, 1890), mentions a case of successful double amputation of both thighs, middle third. There were two operators at the same time, and this case is therefore truly synchronous. Dr. Irish is strongly in favor of two operators, and gives the time of operation in his case as forty-five minutes.

Dr. Ashhurst, in *International Encyclopedia of Surgery*, who has himself done eleven (11) double synchronous amputations with four recoveries, and two triple synchronous amputations with one recovery, advises against more than one operator.

Dr. Hunt, of Philadelphia, mentions that he and Dr. Morton have twice practiced the method of having two operators and speaks favorably of the plan.

Heath, *Medical Chronicle*, (Manchester, England), reports the case of a boy thirteen years of age, upon whom was done a triple amputation for railroad injury. The left leg was removed at middle third; Pirogoff's of right foot, and left fore-arm below elbow. There were two operators and the case recovered.

The question of more than one operator is therefore an open one and must be decided in the individual case, according to the judgment of the surgeon. Our second proposition is also one of great interest. How soon after an injury, supposing the presence of decided shock, is it safe to operate?

Doubtless, the surgeon's past experience has much to do with his position on this question, but there can be no doubt that our practice has undergone a change in favor of delaying the time of operation until the patient has reacted thoroughly, modern surgery with its appliances for controlling hemorrhage and preventing wound infection, has come to our rescue and enabled us to postpone to a more propitious period, the removal of the injured parts. I have often admired the manner in which some of our older surgeons, trained perhaps to operate under fire or upon a line of retreat, would examine a wounded extremity, decide in a few minutes that it was necessary to amputate, anæsthetize the patient and remove the limb or limbs, as the case may be, before one of us younger and less decisive could have borrowed the necessary vessels in which to mix our antiseptic solutions. They were rapid and brilliant operators, but a detailed history of their experiences would no doubt show that they sometimes lost by resorting to the knife too soon after the receipt of injury.

In a body, such as the National Association of Railway Surgeons, whose members have opportunities for seeing the severest class of bodily injuries, productive of the most profound shock, which are perhaps unequalled in a time of peace, one would expect to find some unanimity of opinion as regards this subject. Such, however, is far from being the case; from the surgeon who advises immediate operation under the impression that thereby he is

forestalling shock, or that the anæsthetic by obtunding the sensibility, lessens its degree, to the man who waits to do his amputation until after the line of demarkation forms, we find almost every conceivable view of the question, all of which goes to show that we cannot lay down any hard and fast rules, which can be followed with success in every case.

In a highly interesting and instructive paper on the "Treatment of Shock and the Fatality of too Early Operation," read before the Railway Surgeons' Association some years ago, Dr. R. L. Payne, (now of Norfolk, Va.,) took a decided stand against an injudicious and ofttimes fatal haste in disposing of this class of cases, and any one who is interested in this question would do well to read the paper. His conclusions, based upon experience and observation, are too broad to be open to the criticism of dogmatism, and allow an ample, discretionary power on the part of the surgeon.

Speaking more particularly of multiple amputations, considerable success has followed the plan of removing one or more of the extremities and after a delay of some hours sufficient to allow the patient to react more thoroughly, the remaining injured parts are amputated.

There is one condition upon which all authorities are at one in advising prompt operation. The relationship between shock and the loss of blood is so close, that where hemorrhage cannot be controlled by ordinary means, it is absolutely necessary to amputate promptly in order to save the patient. Again, when a case has to be transported to a distance, it has been shown during time of war, and also in railway injuries that there is less suffering and less shock where the limb is removed before the journey is undertaken.

In concluding this question, it would seem that the practical points established, are not to be in too much hurry to resort to the knife when even in relatively trivial injuries there is marked shock, for there is such a thing as mental, as well as physical shock ; and 2nd, when the exigencies of the case in the judgment of the surgeon, (and the matter is, after all, largely one of individual judgment and experience,) seem to demand delay, the operation may be postponed with great advantage, even for a number of hours, or only a portion of the mangled parts can be removed, the remaining operation being put off until the patient is in the best condition. In my own experience I do not remember to have seen but one case die during or immediately after an operation for serious injury. This was in a man of about forty years ; the wheel of a railroad car had passed over the left groin. The leg hung by the skin and a few muscular shreds. The skin was divided and the blood vessels, most of which had already been severed by the wheel, were tied. The man never recovered consciousness and died on the table. The operation was undertaken principally to control hemorrhage. I have seen several cases die, where the operation was delayed, either because of the obstinacy of the patient, or from the presence of grave shock. It would, of course, be going too far to say that these latter would have recovered had an operation been resorted to promptly—in all probability the result would have been the same.

The question of Prognosis may be disposed of in a few words, it being obvious that the point of operation had much to do with the mortality role.

I find that Dr. Ashhurst, in the *International Encyclopedia of Surgery*, refers to eight (8) cases of successful amputation of the upper and lower extremities. In none of these cases, however, does the removal of the parts appear to have been synchronous. In one of the cases, three of the extremities were removed the same day, the fourth being amputated two days later.

In the last edition of his Surgery, Ashhurst adds to this list of successful quadruple amputations two cases, one by Dr. Geo. E. Jacksons and one by Dr. J. H. Worth. Both of these cases were synchronous and therefore differ from the previous eight mentioned. To this total of ten successful cases, I will add the case of Dr. Wallace, of Iowa, (*Medical and Surgical Reporter* of '88) where both fore-arms, middle third, right leg, lower third, and left foot at tarsus, were amputated, making in all eleven cases. (This case was for frost-bite). I do not find any successful cases of quadruple amputation for railroad injury. It was a great disappointment to the writer of this paper that his own case could not have been added to this list, bringing the number up to a round dozen.

Quite a number of successful cases of triple amputations have been reported, though here also, the mortality is very high, especially in railroad injuries. The mortality for double amputations is placed at 50 per cent. Ashhurst did eleven double amputations with four recoveries and two triple amputations with one recovery.

Diet in Lithæmia.

By DR. A. B. CONKLIN, 654 Boalt Street, Toledo, Ohio.

WITH those who, like the philosopher of old "ate to live instead of living to eat," the taking of food is for the purpose of maintaining the nutrition of the body tissues and securing the functional activity of every organ and part.

While this can be done more or less perfectly with a great variety of foods, yet observation and experiment have demonstrated that, any article of food, or combination of foods, to accomplish this end, must contain both albuminous and carbonaceous constituents in something like definite proportions.

Though these proportions may be varied somewhat in different latitudes, and in different individuals under different conditions of environment, yet it is accepted as a general rule that an ideal diet should contain about seven parts of carbonaceous constituents to one of albuminous, the former to supply heat to the body, the latter to furnish force, energy, strength, and endurance.

Again, since the preservation of life, and the maintenance of physiological integrity come only from the ingestion of food, selected with the proper regard for its composition it follows that any material deviation from this standard of requirement must result in those functional perversions and tissue changes we call disease.

Inversely it follows that while in health food serves the one purpose of maintaining life, we find in many pathological conditions, and especially such as have arisen from an improper diet, that much may be accomplished in restoring the normal conditions by a proper selection of food.

In the managment of lithæmic cases, which are due to a greater extent to improper food than any other cause, a proper diet is of paramount importance.

The diet of the lithæmic resolves itself into: (1.) The taking of the necessary amount of albuminous and carbonaceous foods to properly nourish the body, and, (2.) the selection of such albuminous foods as are most easily digested, most perfectly assimilated and converted into urea and leave behind the least amount of uric acid.

Because an albuminous food readily undergoes gastric digestion, it does not necessarily follow that assimilation will be perfect, or that its nitrogenous elements will undergo complete metabolism into urea; hence the problem of selecting the most eligible albuminous food is not solved by the measure of its digestibility.

Rare roast beef for instance, which is digested in three hours, is not as readily assimilated and as perfectly metabolized into urea as the albuminous constituents of wheaten bread that requires one-half houl longer to digest.

Furthermore, if we may accept the late teachings of Haig on diet, the amount of uric acid resulting from the indigestion of a given amount of albuminous food from animal origin, is greater than that resulting from a like amount of albumens from a vegetable source.

Since the deductions he has drawn from his studies in physiological chemistry are in keeping with the results of my own observation, I shall in my endeavor to map out a diet for lithæmic patients merely reiterate what I have said many times during the past ten years, viz:—that meat is not a suitable food for the lithæmic.

While lard, and other animal fats, are products of animal tissue it is not necessary to consider them in connection with a lithæmic diet, for the reason that are carbonaceous instead albuminous, and probably have no direct influence upon the elaboration of uric acid.

Another animal food, however, which must not be overlooked, is milk and milk products. A consideration of butter and cream may be omitted as we have done with lard and for the same reason. Not so with cheese It is about one-third albuminous matter, and if used at all, should be used very guardedly. It should be taken only in small amounts at any one time, thoroughly masticated and distributed throughout an entire meal of less concentrated foods, like vegetables, cereals and fruits. In extreme cases it may be positively contra-indicated.

Another form of animal food to be considered is eggs, with a percentage of albumen almost equal that of lean beef, and showing a digestibility of one and a half hours raw, whipped, and three and a half hours fried or hard boiled.

Except in cases where the uric acid accumulation is already great, raw eggs whipped in milk may be permitted, but fried or hard boiled, never.

Coming now to purely vegetable foods, it may be said that almost without exception they are suited to the lithæmic, and may be selected with much variety, ever keeping in mind their percentage of albuminous constituents and limiting the use of such as are most highly nitrogenous.

Peas, beans and lentils, because they contain the largest percentage of albumens of all vegetable foods, should be taken, if at all, but sparingly, and in the same manner, and with the same circumspection with which cheese may be taken. All other vegetable foods, including fruits, may be included in the dietary of the lithæmic as a rule.

The vegetable foods, which in some cases may have an unpleasant effect, are the pulses and cereals, which tend, like meats, by their acids and acid salts, to keep up the acidity of the urine.

In most cases milk, with whole wheat bread thoroughly baked, rice, oatmeal, barley and rye meal, and fruits will constitute an ideal diet.

The vegetables and fruits, may be selected according to the tastes and digestive powers of the patient, and the percentage of albuminous and carbonaceous constituents.

No diet, however carefully selected, would fully meet the requirements

of the lithæmic which did not contain as carefully selected list of drinks as of foods.

Alcohol meets no need of the lithæmic. All spirituous liquors, beer, ale, and sour wines should be strictly denied him.

Tea, coffee, cocoa and other similar alkaloid-bearing substances are not suitable for a lithæmic, and should not be permitted.

Water, milk, and the various drinks made from it, fruit juices, clear or with water, Caramel Cereal, and other brands of roasted cereals will furnish an ample variety of wholesome and harmless drinks.

A bright, sparkling cider, not too old and made from sound fruit, is often an advantageous drink for the lithæmic. The proverbial after dinner cigar should go the way of the alcoholics.

Appendicitis—Necrosis of Tibia—Epilepsy.*

By WILLIAM L. RODMAN, A. M., M. D., Louisville, Ky.,
Professor of Surgery and Clinical Surgery in the Kentucky School of Medicine; Surgeon to the Kentucky School of Medicine Hospital, etc.

GENTLEMEM:—This patient, Mr. B., was operated upon for appendicitis four weeks ago to-day. I have kept him in bed as a precautionary measure. He has not been allowed to get up, because where you make drainage in these cases, you always of necessity must leave behind a weakened abdominal wall, and expose the patient to more or less danger from ventral hernia; therefore I have kept this man in bed a week longer than we usually do such patients. I always prefer to keep the patient in bed for three weeks after a laparotomy or herniotomy, and my judgment is that four weeks would be better. In pus cases where drainage is necessary, I think it is not only wise but it is almost a necessity for patients to be kept in bed for four weeks. We have secured good union in this case although the secretion of pus was most abundant. While the wound was brought together above very nicely, I was compelled to leave the tube in situ as long as I could on account of the discharge of pus. A provisional suture was put in the day of the operation so as to reinforce the abdominal wall. Ventral hernia is not common if one does the operation as we did here, that is, after the McBurney fashion. If you separate the abdominal muscles rather than cut through them, there is no great danger of ventral hernia; in fact it is reduced to almost nothing except in suppurative cases. Where you have no pus but a clean, smooth space, there is no reason why there should be a ventral hernia, simply because you divide the layers of muscle, etc., in a normal way. You separate the fibres and do not cut across them, and then when you have done that you go transversely and separate the fibres of the internal oblique and transversalis muscles, then you always cut the transversalis fascia and peritoneum, enter the cavity and search for the appendix. This is known as McBurney's method and is a decided advance over any other. When this method is practiced there is little or no danger of ventral hernia, except where a tube is left behind for drainage purposes.

In the case before us I take it we have been so careful in keeping the patient in bed for four weeks, that notwithstanding a large tube has been kept in for a considerable time, and that suppuration has been going on, the chances will be greatly against ventral hernia.

*Clinical Lecture delivered at the Kentucky School of Medicine Hospital.

While on the subject of the McBurney operation and speaking of its advantages, it is only fair to say there are also some disadvantages attending it. They are that on account of the small size of the incision you make, you are not able to withdraw the cæcum from the abdomen or make any other manipulations that in some instances will be necessary. Assume for instance that you have an appendix bound down with an adherent cæcum in a mass of inflammatory tissue; you cannot make out the appendix with the finger in the abdominal cavity, and even if you could, you would not be able to extricate it from the inflammatory mass and separate it as must be done before its removal can be accomplished. In cases of that kind much as we dislike to do so, we have to enlarge the incision, withdraw the cæcum from the abdominal cavity, and sometimes examine very carefully before we are able to locate and remove the appendix from the mass. I have seen several cases recently where the entire cæcum had to be withdrawn from the abdominal cavity, and after that was done considerable search was necessary before the appendix could be isolated; it was covered over with a mass of inflammatory lymph which almost entirely obscured its position. So there are some limitations to McBurney's operation and when you meet with a case of this kind, you may in spite of your desire not to do so, be compelled to cut some of the fibres of each muscle so as to give you better access to the cavity and enable you to withdraw the cæcum in order to accurately locate the appendlx and remove it without injury to neighboring organs. That the operation is based on anatomical grounds and ought to be practiced in all ordinary cases there can be no question.

Case 2. This patient was operated upon two weeks ago for necrosis of the tibia; you will remember that we removed quite a large sequestrum of bone. Necrosis is different from caries in this respect, it is analgous to gangrene of the soft parts. It is death of the bone *en masse*, whereas caries is a molecular death of the bone. A sequestrum is sometimes surrounded by a shell of new bone which prevents its escape, and prevents its being spontaneously cast off by nature. You will have pain and other symptoms, however, indicating that there is dead bone and through the mass which surrounds the dead portion, openings will also lead down to the dead bone and it can be recognized easily by a probe.

The diagnosis is very simple as a rule. It is an easy matter to diagnosticate necrosis no matter where you find it. You always find an opening through the soft tissues leading down to the bone. There are practically no exceptions to that rule. The opening in the soft parts may close, only to reopen in the course of a few days. So then you have one or more sinuses leading down to the dead bone—with the sinus as a guide you take a probe and carry it down until you come in contact with the dead bone, then you have no trouble in determining the condition. A dead bone denuded of its periosteum feels rough, whereas if it were covered with periosteum it would be perfectly smooth. You can make no mistake in the gritty feeling which the bone imparts when it is necrosed. Furthermore as a very general rule this fistulous tract is always surmounted by a little papilla. That in itself is almost pathognomonic of necrosis.

Case 3. This gentleman came here yesterday afternoon with the following history: He is fifty-five years of age. Five years ago he was struck on the head with quite a large piece of wood. He had no hat on at the time and naturally received the full effect of the blow. He was knocked senseless at the time but completely recovered himself in two or three hours, and the next day he was able to walk about and attend to his business. The

blow was received over the frontal region, and his wife and a friend of the family who came with him, tell me that the man was very black under both eyes for some days after the accident. I asked the question, and I know some of you will understand why I did so, if he had any sub-conjunctival hemorrhage. If he had had this blackness under the eyes, and if there had been an accompanying sub-conjunctival hemorrhage, occurring after the blow had been received on top of his head, what would have been the probable diagnosis? A fracture of the anterior fossa of the skull. If he had had a sub-conjunctival hemorrhage after receipt of a blow of this kind, I should have said that even though he was able to get up and go about, the chances were he had a fracture of the anterior fossa of the skull and that had caused the hemorrhage. Sub-conjunctival hemorrhage is almost pathognomic of fracture of the anterior fossa of the skull. This is a valuable symptom and bears the same relation to fracture of the anterior fossa of the skulll as does hemorrhage from the ear to a fracture of the middle fossa. The patient nor his friends remember anything about his having had a sub-conjunctival hemorrhage; they only remember that he was very black under the eyes for several days after the accident.

Now this man is fifty-five years of age; he was struck on the head five years ago and while there is no scar to indicate the exact location of the blow, he knows it was over the frontal region. The blow must have been considerable from the weight of the stick with which he was struck—thirty-nine pounds—falling a distance of five or six feet. The blow must have been severe as he says he was stunned for several hours. The blackness under his eyes we are told remained for a number of days; afterwards he was taken with headache. Just how long after receipt of the injury the headache first appeared he does not know. Seven months after the blow he began to have epileptic attacks, and has since been the subjeet of this disease. The first attacks which he had were diurnal, occurring every two or three months. Latterly the attacks have become nocturnal in character and he is now having them two, three and four times per month, sometimes having as many as two seizures in one night. Of course you know from what I have said before, and from the number of cases that have been brought before you, that perhaps the first question I would ask is how the attacks are initiated. I have done that and unfortunately have been unable to get any information, as to whether the spasm begins in the right arm or leg or the left arm or leg. He says that the attacks come on so quickly that he cannot tell how they commence; that he has a violent spasm and then passes into that condition of stupor so characteristic of epilepsy. We are denied information which is very important to us especially if any surgery is contemplated in this case.

The question will come up in the minds of many of you as to whether or not surgery will be offered in the case; that depends upon circumstances. If I were asked to-day whether or not we would operate upon him, I would say that the chances are we would not. Yet we may be able to locate the lesion with such accuracy in the next few days that our opinion would be changed. We have not yet made an ophthalmoscopical examination of both eyes; this will be done. It has been done in every case of the kind that we have operated upon before you or in my private work. I think it should always be done.

This man had an anal fistula six or seven months before he was struck on his head, and was operated upon for that condition. I examined his rectum right away. You may say there was no reason for doing so, but there was. I found a slight contraction of the rectum just at the location of the

internal sphincter, just at the point I take it where division of the muscle occurred. This I do not think, however, is sufficient to interfere with the nervous system by reflex action to cause the symptoms from which he suffers. There are such cases on record; one was reported by the elder Briggs, of Nashville, some years ago. A patient presented himself with necrosis of the tibia; the same patient was the subject of epilepsy, the attacks recurring with more or less regularity and considerable severity. The patient came to him for relief of the epilepsy, but he noticed the necrosis at the same time, and according to Briggs it was thought possible for the attacks of epilepsy to be reflex in character. At any rate he said he would first operate for the necrosis, and if no improvement as regards the epilepsy followed he would then operate upon the patient's head. He operated for the necrosis, thus relieving the peripheral irritation and the epilepsy was cured, passing the three year limit. You may have peripheral irritation from phimosis and many other conditions, therefore it is necessary to make a very careful examination of a patient before operating upon the brain itself for the relief of epilepsy. Assuming that there be no irritation of this kind sufficient to account for the trouble, we then have a plain case of nocturnal epilepsy occurring two or three times per month. Are there chances that this man will be benefited by an operation? Certainly not in my judgment unless the lesion can be located more accurately than it has been up to the present time. If we could satisfy ourselves that it was a case of focal epilepsy, that the spasms are initiated in a certain set of muscles, and if confined to that set of muscles, or in becoming general always initiated by this set of muscles, then I would say an operation should be performed, because cases of this kind can be cured in a certain number of instances. With the information that we are able to obtain concerning the case before us it does not seem that an operation is warranted. If on the contrary we could learn from the history of this man that he has spasms confined entirely to one arm, or one leg, that they never became general, then we would have still another type of epilepsy which would be called the Jacksonian variety, and we would be perfectly justified in operating upon such a case. But if it is an ordinary case of epilepsy, becoming general from the first, not initiated in the same way in every instance, then we would have nothing to guide us, and of course it would be like looking for a needle in a hay stack to trephine the man; yet I am compelled to tell you candidly there have been numerous cases reported where trephining at random in intractable epilepsy has been followed by marked improvement. I can recall a number of celebrated cases which are on record in medical literature where people have been trephined several times for intractable epilepsy. There are several kings and princes, one especially, that I remember who was trephined twenty-seven times for epilepsy. He must have been benefited by the operation, otherwise it would hardly have been performed so many times. Many such cases appear in the older works on surgery, although this is of no especial interest to us at the present time, and I would feel great hesitancy in taking out a button of bone from the cranium unless I could locate some well defined lesion that could be reached and thereby removed. You may say why not trephine and take the chances; there is practically no danger in the operation? I have never had a death or the slightest unpleasant symptom following trephination; but that is not exactly the question; we do not care to perform such an operation upon the patient unless we can hold out some hope of a cure or at least an amelioration of his symptoms.

This man comes to us from the same section of country as Mr. B., upon

whom we performed trephination some months ago for a cyst of the pia mater. Mr. B. went home a short time after the operation, and has had no more attacks, having been up to the present time cured of his epilepsy. Having heard of the cure of his friend, the patient before us naturally concluded that he suffered from the same trouble, as he had epileptic seizures, and therefore applied to us for relief. Now if we were to operate upon him, he would of course expect to be cured; if we perform an operation upon him he is going to expect just as good a result as his neighbor. I believe myself rather more than the average surgeon does in active cerebral surgery; I believe in a direful disease like epilepsy our patient is certainly made no worse by trephination, and the surgeon is justified in undertaking any reasonable procedure, at the same time he should be very guarded in the prognosis of any case of this kind, for, in my judgment, there is no way by which discredit is brought upon cerebral surgery more rapidly than by acting unwisely and operating upon cases which should be left alone. Where we have a clear history of severe cranial injury, where we have a scar as evidence of the site of such injury, we may go in and remove the depressed bone, we may open the dura and not being satisfied with its opacity, its tense condition, etc., we may go further and find a well-marked cyst within the brain, which can be removed. In such a case we have every reason to expect that the patient will be relieved because the lesion is accurately located and removed. But we cannot promise anything to a man who simply has epilepsy, even although it be traumatic in origin, unless we can locate the lesion. The proper way to treat a case of this kind would be to watch him carefully, instruct the nurses and patients in the ward to keep their eyes open, and if he should have an attack during the day, to be sure to notice whether the spasm begins in any set of muscles, whether it is the arm, the shoulder, the ebow, leg or forearm, etc., that initiates the attack, and whether the convulsion becomes general. Another thing, the dynaometer should be used to see whether the grip of one hand is as strong as the other. It may be by the time we meet you at our next clinic we will have changed our view entirely about the case, that we will look upon it as an operative rather than a non-operative one as we do now. Meantime I think it would be unwise for the man to be kept under the influence of the bromides or anything else that may tend to hold the epileptic attacks in abeyance. We would rather see him have one or two seizures which may be the means of our gaining valuable information.

As to the effect of operations for epilepsy: You will find some operators who will discourage the procedure, claiming no benefit is derived; others take an optimistic view of the situation and expect entirely too much from the operation. Certainly the middle course is the safer one and the only one in which we will not be disappointed. I have had some gratifying cases of cerebral surgery, and have also had some that were in a measure disappointing. I believe to-day that the treatment of epilepsy of a traumatic nature, where the lesion can be clearly located, should be decidedly operative, and the earlier the operation is performed the better for the patient. I go further and say this, that in all cases of depressed fractures, either with or without symptoms of compression, if depression of the outer table be marked it is reasonable to assume that there will be depression of the inner table as well, which means pressure upon the dura and in most cases irritation that may develop into epilepsy, intractable headache and insanity, therefore I say

trephine in every case of this kind. I think this will be the surgery of the future, in fact it is the surgery of the present so far as modern, up-to-date surgeons are concerned.

An Unusual Case.

By K. G. AVERETT, M. D., Cedar Creek, N. C.

ON November 1st, 1899, I was called to a woman aged 65 years. The messenger stated she was "full of live things," and requested me to go prepared to destroy them. In obedience to these instructions I repaired to the home of the woman, armed with a good syringe and a supply of antiseptics. I obtained the following history:

Two or three days previous to my visit she had an attack of diarrhoea with copious discharges from the bowel, confining her to the bed for a day or so with no one to attend to her needs. The day previous to my being called she found maggots in the vulvular outlet.

After obtaining this history I placed the patient across the bed and opened the labia. The sight that met my gaze was enough to disgust the most hardened. The whole vulva and vagina was alive with maggots, the largest I had ever seen. Fortunately they had not reached the bladder or uterus. I at once made a gallon of hot carbolic solution and with my syringe washed the parts, removing all the offensive creatures.

The parts were very tender and painful for a time as a consequence of the irritation caused by the maggots, but this all soon passed away. I report the case believing it to be unusual and would be pleased to learn if a similar case has occurred in the practice of others.

SELECTED PAPER.

On the Free Use of Drinking Water in Acute Hemorrhage.

By LOUIS KOLIPINSKI, M. D., Washington, D. C.

The prime indication in the treatment of acute hemorrhage, after the temporary or permanent closure of the bleeding vessels, is to refill the vascular system with its normal fluid without delay. The self-evident and routine treatment in surgical, medical and obstetrical cases is to introduce a certain volume of lqiuid,natural or artificial, into an opened vein, into the subcutaneous cellular tissue or into the peritoneal sac. The results, as is well known, are speedily apparent and often most happy. To carry out successfully, and without future harm to the subject, the operative treatment necessary, it is essential that the proper instruments are at hand and in working order, that everything brought in contact with the site of operation is aseptic or sterile and that time, circumstance, and assistance are available. In daily practice, however, it is impossible on all occasions to command these requisites, and in not a few instances one may be compelled to rely upon some substitute method.

A plan which is so simple that it may be overlooked, so obvious that to commend it seems unnecessary, and yet so effective as to yield a brilliant result, is the very liberal exhibition of drinking water.

It must be given almost continuously until the bloodless victim begins to revive and react. Prerequisites are the absence of vomiting, and if a stomach tube is not at hand, that the patient is able to swallow. In romance the wounded always cry for water, and sentiment and humane feeling are awakened when they are offered drink. In reality, at the bedside we do not hear such cries, but it is astonishing to see to what an extent a liberal supply of water can be pushed, and with it is apparent return of strength and mental activity, slowing and deepening of the the respiration, and the restoration of volume, and tension to a pulse that before could not be felt.

I record as an example of this treatment the following case:

A girl of eighteen, of good constitution and of healthy parentage, developed typhoid fever, for which, in the beginning, she received no medical treatment. She was compelled to keep her bed on the eighth day, and was examined for the first time on the twelfth. Her average morning and evening temperature for the succeeding seven days was 104° F. The family opposed hydrotherapy. During this time her intellect was clear, her manner composed, and her nights not very disturbed. The pulse varied from 96 to 112 beats per minute.

At 3 in the afternoon of the twentieth day there occurred a a copious alvine evacuation, and at the close of the act a blood clot the size of a walnut passed. There was no abdominal pain or tenderness, and the temperature remained high as usual. At 10 o'clock at night of the same day she was seized with an uncontrollable desire to defecate, which returned at short intervals for more than half an hour, and was accompanied by an audible gurgling sound.

When visited at 11 P. M. the patient was conscious, with a tendency to grow drowsy and to faint. She was anxious but not restless. The body was exsanguinated, the skin cold and clammy, the breath deep and hurried, the pulse hardly to be felt at the wrist and uncountable. The bed was literally drenched in blood, the pool extending to her feet.

The situation was somewhat trying, and an unfavorable prognosis justified. The sick girl was at her home in the suburbs of the city; skilled assistance and instruments not obtainable without great sacrifice of time. Under these circumstances she was given a hypodermic injection of strychnia and atropia, and the antero-lateral surfaces of the trunk from the clavicles to the groins covered with a thick cold poultice after the manner of Dr. Bedford Brown. These poultices were reapplied every half-hour.

The patient was asked if she was thirsty, and, replying in the affirmative, was given a tumbler of water, which she drank with effort and delay. The quantity was repeated every five minutes until she had emptied four glasses. Through the remainder of the night she was constantly supplied in the same manner by a couple of neighborly women, until they had given her by actual count twenty-four tumblers of water. The next morning there had been no recurrence of the hemorrhage, the girl had revived completely and her radial pulse was strong at 108 beats per minute.

The cold-poultice treatment was continued for three days, during which time the bowels did not move. Later there occurred spontaneous evacuations of the usual yellow-white color incident to a milk diet.

The temperature during these days was moderate, aud then began rapidly to mount to 104° F. and more. A single wet pack of thirty minutes duration reduced it permanently.—*Maryland Medical Journal.*

Review of Surgical Progress.

By JOHN H. GIBBON, M. D., of Philadelphia, Pa., and HUBERT A. ROYSTER, M. D., Raleigh, N. C.

The Management of Surgical Injuries to the Uretus.—By Beverly Mac Monagle, M. D., of San Francisco, Cal., (*American Journal of Medical Sciences*, December, 1899). After reporting a case of uretero-vaginal fistula, following a vaginal hysterectomy, in which he successfully employed Kelly's method of operation, the author discusses the various means of treating wounded ureter.

Invagination of the Proximal into the Distal End.—This operation was done on dogs successfully by Poggi in 1887. The author has employed this plan of treatment on three occasions and knows of but two other instances of its application in the human subject.

Case No. 1. Abscess of ovary and fibroid of uterus. Here the ureter was carried up by the growth and was included in ligature of stump and cut. He discovered the ureter by seeing what he supposed to be the cut end of a big vein which did not bleed, and by passing a probe through it into the bladder. The proximal end of ureter was then freed with as much of its peritoneal covering as possible and drawn by sutures into the distal end, then the invagination was secured by silk sutures and the peritoneum closed over the juncture. Drainage with iodoform gauze was made through the vagina and retention catheter used for first 48 hours and during the next 48 hours catheterization was done every four hours, then every six hours for several days. Patient made a perfect recovery.

Case No. 2. Multiple fibroid, very extensive and very adherent. During removal left ureter was tied to the right cut. This condition was not discovered until 24 hours later when the abdomen was again opened the cut ends found and invaginated as in case No. 1. Patient died from shock 10 hours later.

Case No. 3. Large fibroid extensively adherent. Operated upon by a colleague—the ureter was included in ligature of round and part of broad ligaments and was cut. The author carried out same method of repair as in case No. 1 and patient made a good recovery.

Transverse End-to-End Anastomosis.—Seven cases of this method have been reported, three deaths resulting. Anastomosis is here accomplished by end-to-end suture by means of two rows of interrupted silk sutures with or without the aid of a catheter in the ureter which is removed before the last sutures are tied. One death occurred 7 weeks after operation from tuberculosis—post mortem showed good union with some constrictions; another occurred 14 hours after operation from peritonitis—uretal juncture was patulous and would not leak under pressure, and the third fatality was due to hemorrhage on 20th day, the origin of which was not discovered.

End-to-Side Anastomosis.—This method, which has for its main object the avoidance of constriction at point of juncture was successfully used on boys by Van Hook & Bloodgood and later by Kelly, Emmet and Doherty with equally good results on man.

Oblique End-to-End Anastomosis.—This method was devised by Booee with the idea of avoiding stenosis and employed successfully in one case. This method requires less loss of length of ureter than that of the end-to-side method of Van Hook.

Implantation Into Bladder has been done intraperitoneally ten times with no deaths, extraperitoneally four times with one death. To the former method the author adds one case. Patient presented herself with a uretro-vaginal fistula which had existed for two years and resulted from a vaginal hysterectomy. By the use of Kelly's bougies and cystoscope it was discovered that the right ureter was the one divided. Implantation into bladder was done and patient made a good recovery.

The author thinks of the extraperitoneal methods that carried out by Kelly of making an incision close to the anterior superior spine of ilium and separating the peritoneum from the pelvic wall down to the ureter and bladder is the best. We recommend care in outlining the course of the ureter in large fibromata and in corcinomata involving the broad ligament. Ureter may be felt, its peristaltic wave seen or a small longitudinal slit made and a probe passed into it and up and down. When it cannot be located in the deep pelvis the ureter can usually be found where it crosses the iliac vessels and traced downwards.

Injuries to the ureter may be: (1) Longitudinal slits or tears, (2) nicking out a piece from one side, (3) partial transverse division, (4) complete transverse division, (5) resection of a portion of its length, (6) tying, (7) separation of the fibrous coat of the ureter. Longitudinal wounds may be sutured and should be covered over by peritoneum. When a portion has been nicked out and there is not time for the employment of Fenyer's method of operation for stricture of the ureter, he recommends complete division and anastomosis or implantation. In complete transverse division anastomosis is to be employed or implantation. The separation of the peritoneum and fibrous coat of ureter requires very careful repair as these carry the chief blood supply of the ureter.

Implantation into the bowel is only justifiable when none of the other methods of anastomosis or implantation into the bladder can be practiced. In fact the author questions whether it would not be better to try implantation into the other ureter. Implantation on the skin may be used to gain time. Nephrectomy must, of course be a last resource.

(In reading this paper one is struck with the universally good results that have followed the *immediate* repairs of injuries to the ureter or the implantation of ureter into the bladder). J. H. G.

Transplantation of the Ureters.—By Lotheissen (Wien Klien Woch, Sept. 7, '99). (*Tans. by Medical Review*, Nov. '99.) When doing a panhysterectomy for carcinoma the author intentionally removed 3 cen. of the ureter which was involved in the growth. Although the proximal end was 2 1-3 in. short of the uretal opening into the bladder he had no difficulty in making the implantation. Patient made a good recovery.

(This adds another to the ten reported cases of implantation, intraperitoneally performed, and in all uncomplicated recovery took place.

J. H. G.

Suture of Stab Wound of Left Ventricle. Recovery.—By Pagenstecker, (Deutch, Need, Woch, Aug 10, '96). (*Trans. by Medical Review*, Nov. '99. Patient was a boy who received a stab wound with a long bladed knife, one half hour later when he was seen by the author, he was pulseless, uncon-

scious, had shallow respiration and no corneal reflex. The wound of entrance was in the 4th intercostal space below and internal to the nipple of the left side. After two hours consciousness returned, heart sounds were clear but feeble and cardiac dullness was increased to the left. The following day the dullness extended over nearly the whole of left side of the thorax. There was no pneumo-thorax. From external wound which at first did not bleed there now was a constant flow of blood. The radial pulse could not be felt and the general condition was very grave.

Sixteen hours after the injury ether was administered and 2 3-5 in. of 5th rib was resected. On opening the pleura the pericardial wound became visible and was 4-5 inch in length, this was increased to 2 inches and the cardiac wound exposed, it was 1 2-5 in. long situated in wall of left ventricle 1 1-5 in from the apex, it gaped but little and there was a constant trickling of blood from it The wound of the ventricle was closed with three celluloid thread sutures left long and passed out through pericardiac wound which was also closed except for a small space. The sutures in the heart went down to, but did not include the endocardium, and when they were tied the bleeding ceased. The manipulation necessary to suturing did not interfere with heart's action. There was so much bleeding from the wound of the lung that the whole left pleura was packed with gauze. Nine days later two of the cardiac sutures came away on gentle traction and on the 11th day the remaining one was removed.

Patient left the hospital after nine weeks with a sinus but this was closed in about a month and at the end of two months he was in perfectly normal condition.

Wounds of the heart are seldom immediately fatal unless the co-ordination centre in the septum artiorum is involved or the organ extensively bruised. The hemorrhage is less alarming than that from a large vein; under the expectant treatment 10 to 20 per cent. recover. Six of the ten known cases where operation was done have recovered, or 60 per cent. In all the ventricle was the part injured. The diagnosis is the difficult part about such cases. J. H. G.

Kernig's Sign in Cerebro-Spinal Meningitis.—Described by a Russsian physician and studied in Germany and France, this interesting sign, says Osler, has not attracted the special attention of English and American physicians, though Herrick, at the last meeting of the Association of American Physicians, spoke of its value. It is an old observation that the subjects of protracted meningitis, particularly children, very often lie with the thighs flexed upon the abdomen, and with the legs in a state of partial contracture, so that they are with difficulty extended. To test for Kernig's sign, the patient should be propped up in the sitting position; then on attempting to extend the leg on the thigh there is contracture of the flexors, which prevents the full straightening of the leg. On the other hand, in the recumbent posture, the leg can be fully extended. The explanation of the phenomenon, given by Netter in his excellent article on cerebro-spinal meningitis, in Vol. xvi. of the "*Twentieth Century Practice*," is as follows: "In consequence of the inflammation of the meninges, the roots of the nerves become irritable, and the flexion of the thighs upon the pelvis when the patient is in the sitting posture elongates and consequently stretches the lumbar and and sacral roots, and thus increases their irritability. The attempt to extend the knee is insufficient to provoke reflex contracture of the flexures while the patient lies on his back with the thighs extended upon the pelvis, but it does so when he assumes a sitting posture."—*Medical Record.*

Review of Medical Progress.

By R. L. FELTS, M. D., Charlotte, N. C.

Ergot in Chronic Malaria.—Jacobi (*St. Louis Medical Era*, 1898, Vol. IX), (*Pediatries*, '99, Vol. VIII, No 9) sums up his experience in the following clusions:

1. There are cases of chronic intermittent fevers with large tumefaction of the spleen that, ofter having resisted the action of quinine, arsenic, methylene-blue, eucalyptus, piperin, are benefited by ergot.

2. When enlargement of the spleen is not old and not firmly established the contracting effect of ergot is noticed within a reasonable time.

3. The attacks will disappear before the diminution in the size of the spleen is very marked.

4. Though temperatures, after the employment of ergot, remain irregular, and now and then somewhat elevated, chills, as a rule, are not noticed with this elevation.

5. Plasmodia do not seem to disappear from the blood so rapidly as they do after quinine, when the latter is effective. But even while some are still present, the attacks being more or less under control, the patient will feel better.

6. Complicating local pain requires additional treatment with ice, or cold douches, or heat. Chronic hyperplasia requires iodid of potassium, iodid of iron. Digestive disorders may indicate, as they often do when quinine is expected to act after the employment of ergot, an emetic, or purgative, or stomachics.

7. An experience extending over forty years, in which the author used ergot, in many instances justifies him in asserting at least this much; that there are many cases of chronic malaria, apparently intractable, that will get well with ergot.

8. There are cases occasionally in which the returns of elevations of temperature after the successful use of ergot makes the combinations of ergot and quinine, or ergot and arsenic, advisable, though quinine and arsenic were not successful previously.

9. Ergot, like quinine, probably by its sudden contracting effect on the spleen, and the forcing of large quantities of plasmodia-laden blood into the circulation, in chronic malaria when hydremia and spleen-tumor are excessive, is capable of bringing on the very first attacks of chills and fever.

10. Recent cases of malaria have got better or were improved under the extensive use of ergot, but many resisted a long time. That is why acute cases should rather be treated with quinine. R. L. F.

The Pneumonia Question.—Dr. Wells (*Journal American Medical Association*, 1889, Vol. XXXIII, No. 8), calls attention to two symptoms of prognostic import in pneumonia: During the pneumonic attack, reflex sensations are weakened in proportion to the danger. Now, a dyspnea, which is readily recognized by the observer, but which is not appreciated by the patient, is of grave augury, and when accompanied by a rising and falling of the trachea and a non-obtrusive clicking noise with respiration, which persists after coughing, the patient has, in the author's experience, invariably died.

The prognostic value of this symptom lies in the fact that it antedates all others which certainly denote the approach of death.

The treatment of pneumonia should resolve itself into reasonable prophylaxis, in making the patient comfortable, in preventing excessive formation of toxins, in neutralizing them, in encouraging their elimination and increasing the resisting powers of the system against their action, in preventing or managing properly the complications which may arise.

The author believes that bleeding is a remedial resource which has no efficient substitute. It is not desirable that the former routine treatment of pneumonia by excessive bleedings should ever be restored to professional favor, yet he believes that the physician who wholly abstains from venesection deprives his patient of a most potent remedy. Venesection is not necessary in every case of pneumonia, and the patient, time and condition should be carefully selected. The very young and the very old, the weak and the anemic, should not, as a rule, be bled; nor should those in whom the evidences of obstruction of the pulmonary circulation, or of increasing toxemia, is not marked, but in others in whom these conditions exist, the lancet should not be spared.

With an obstructed pulmonary circulation, there is damming back of the blood into the right cavities of the heart and general venous system. The pulse is not rapid and has considerable tension; the breathing is oppressed, accelerated and laborious; the patient is alarmed and his anxiety is depicted in his countenance. This condition is usually met with only early and in plethoric and robust patients. In his experience, the relief afforded in such cases by venesection has been immediate and remarkable. Should the patient have passed into a dull or comatose condition with the first brunt of the attack, imminent danger is clearly present. Here, successful treatment depends upon ridding the system as speedily as possible of the poisonous matters circulating in the blood and overwhelming the central nervous system, and free bleeding is the remedy par excellence.

In another class of cases, the patient successfully withstands the first onslaught of the disease, but after a few days shows the indubitable signs of a profound toxemia, in a pulse which gradually increases in frequency while it loses in sustained force, in a high temperature; in restlessness and delirium, in sallowness of the surface, and these cases demand not only venesection, but a cleansing of the blood as well. If blood is simply abstracted from the general circulation, the serum is quickly replaced by the absorption of fluids from the soft tissues. At this stage of the disease, however, these fluids are loaded with toxins and leukomains and bleeding alone may fail in its object as a blood purifier. But if, in addition to venesection there is introduced into the circulation a bland and non-toxic fluid, equivalent in quantity to that withdrawn, we not only remove a great and oppressive quantity of offending material, but we dilute that which remains behind.

The author's method of venesection is as follows: from four to sixteen or twenty ounces of blood is removed. If the symptoms of intoxication are profound, or if it is clearly evident that the patient will and does bear well the loss of blood, the bleeding should be a free one. If, on the contrary, opposite conditions prevail, the amount of blood withdrawn should be small. Indeed, in some of these cases, with profuse perspiration, free excretion of urine or, perhaps, diarrhoea, bleeding may be omitted. Simultaneously with the venesection, or immediately before or after, a solution, in distilled water, of chloride of sodium, 7 per cent., chloride of potassium, 23 per cent.; and chloride of calcium, 3 per cent. is injected, subcutaneously, in quantity

approximating that of the blood withdrawn. Often four or six ounces may be injected later, and repeated at intervals, according to the effect produced. The injections are multiple and are made with a large-bore needle, preferably by gravity, into the subcutaneous tissues of the chest. The fluid is warmed, and ordinary precautions are taken. In some cases, high enemata of the saline solution may be substituted for the subcutaneous injections, and, when well borne and retained, with equally good results.

If this method is carried out as detailed, it is quite free from danger. The author has employed it in a number of cases and has seen no untoward results, no chill, no rapid rise nor profound fall of temperature; no restlessness nor excitement; no collapse. On the contrary, there has usually followed a gentle or profuse, but warm perspiration; a free action of the kidneys; a clearing of the intellect and an abatement of cerebral excitement; a lessening of dyspnea, and an improvement of the circulation. Such has been the author's experience, if these measures have been resorted to in the early stages of the late toxemia, but if they have been delayed until evidences of approaching death were manifest, the effects have been negative. In the one case the results of treatment have been satisfactory, and a fair proportion of cases have recovered; in the others they have, with this, as under every other plan of management with which he is acquainted, uniformly died.

From first to last in pneumonia, the vaso-motor system, as reflected in the state of the capillaries, must be given assiduous attention. Failure in this direction, with capillary paresis, should be anticipated and met with efficient doses of digitalis and strychnine, and an occasional carefully gauged dose of morphine.

In spite of the fact that the ordinary management of this affection, in times past has been, on the whole, unsatisfactory, and that that in vogue to-day is scarcely a promise of the advances of tomorrow; the author believes that the immediate future will demonstrate pneumonia to be certainly a preventable and largely a curable disease, and that in this field the morning light of the 20th century will see every reasonable hope of medical optimism abundantly realized. R. L. F.

Recent Views in Regard to Tuberculosis and its Treatment.—Dr. Williams, (*Medical Times* Dec. 1889,) in concluding his paper gives Sir Herman Weber's indications for the use of climates in different cases of tuberculosis, which are as follows:

1. In cases with limited disease at one or both apices, without or with only a slight amount of fever, nearly all climates can be made use of, but especially high altitudes and sea voyages, if the constitution is a strong one.

2. Cases with limited local disease and high fever must be at first treated in their homes or immediate neighborhood.

3. In the majority of cases with extensive disease of one or both lungs, without fever or only slight fever, treatment at only a moderate elevation, or at warm seaside localities, deserves the preference.

4. In advanced disease with fever, neighboring sheltered health resorts, with careful supervision, should be recommended.

5. In cases of progressive tuberculosis, with scattered foci in both lungs, and much fever, localities near home or the home itself, are the best places.

6. In cases of chronic, slowly progressive phthisis better results are obtained from warm winter resorts, or sometimes from sea voyages.

7. Quiescent cases with extensive damage or cicatrization, are generally better off at only slight elevations.

8. Cases with albuminuria, without fever, should avoid high altitudes.

9. The complication of moderate diabetes does not exclude high altitudes, but the latter are injurious in cases with advanced diabetes and emaciation.

10. Chronic cases, with much catarrh, require places with as little wind as possible.

11. High altitudes are contra-indicated in chronic cases with extensive emphysema.

12. For the prevention of scrofula and tuberculosis all healthful climates can be used, but high altitudes have advantages against tuberculosis, and marine climates (including sea voyages) more against scrofula.

13. The cure of tubuculosis during the early stages is possible in all climates. But climate itself, without careful medical supervision, is generally insufficient. The patient's blind reliance on the climate often leads to errors, to aggravation of the disease, and to death. For the majority of patients, therefore, treatment in sanataria should be preferred, but for the treatment of the poor it is a necessity. The erection of numerous sanataria for the people is therefore a national requirement for the cure, the prevention and extermination of tuberculosis. R. L. F.

A Review of Typhoid Fever at the Massachusetts Hospital from 1821 to 1898.—In a recent paper before the New York State Medical Association Dr. Reginald H. Fitz, (*Boston Medical and Surgery Journal*), reviews the history of typhoid fever as it has occurred at the Massachusetts General Hospital during the past seventy-eight years, especially showing the bearing on the mortality of the many variations in treatment which have been adopted during that time. This period is divided into decades with the following results:

1821–28	106 cases.	13 deaths.	mortality	12.2	p. c.
1829–38	305 "	36 "	"	11.8	"
1839–48	360 "	40 "	"	11.1	"
1849–58	318 "	51 "	"	16.	"
1859–68	301 "	48 "	"	15.9	"
1869–78	355 "	58 "	"	16.6	"
1879–88	793 "	127 "	"	16.	"
1889–98	1000 "	135 "	"	13.5	"

The number of cases in the various years of each decade varied considerably, as did also the death rates. The extremes of death rates occurred in year when there were but few cases treated.

In the earlier periods the cases were treated by emetics and purges, vomiting or full purging, or both were induced by medicine, in the first or second week of the disease. Mercurials, almost exclusively calomel, were employed during the first or second week until the mouth was made sore, but after 1830 their use almost entirely ceased. About the latter part of the second and early part of the third decade tartar emetic was prescribed every two hours, in constantly increasing doses, until it was ascertained how large a dose the patient could bear. It was thus found that from one-half to four grains could be taken without any important effect upon the stomach or bowels.

Bleeding was used in one fifth of the cases, not as a remedy for the disease, but always with reference to particular symptoms, and opium was given to check diarrhoea and cough, to procure sleep and to allay pain.

In 1839, Enoch Hale, attending physician of the hospital held that the knowledge of the disease of Peyer's glands in typhoid fever serves to guard us especially against inappropriate, irritating medicines, such as were formerly used in the expectation of arresting the progress of the fever. He also called attention to the importance of a mild and unstimulating diet during convalesence as well as during the more active period of the disease, and, "most important—to abstain from attempting too much by active treatment."

Violent, persevering efforts to arrest the disease, after it has fairly begun its course, cannot be successful. They may do much harm by increasing the irritation and inflammation. but it is scarcely possible that they can do good. We may allay the general irritability of the system, we may watch against the attack of unfavorable symptoms, we may soothe the irritated state of the intestinal canal, and, sometimes perhaps moderate the severity of its local inflammation, and thus contribute greatly both to the comfort and the restoration of our patient. In the beginning of disease, before the process of inflammation is fully established, we may, perhaps do more, and by early removing the causes of irritation, prevent its formation, and cut short its course. It is only then that active remedies can be used with benefit, or even with safety. If persevered in at a later period they may exhaust the patient, but they will not subdue the disease.

For the thirty years after the publication of Dr. Hale's paper, namely, from 1839 to 1860, the diet of the patients was liquid, the fluids often containing some farinaceous ingredient. From 1869 to 1879 beef tea and beef juice were largely used in addition to the milk, and from 1879 to 1899 the liquid portion of the diet has been chiefly milk. Between 1893 and 1898 the patients under the care of Dr. F. C. Shattuck have received, in addition to the milk, minced meat, raw and soft-boiled eggs, macaroni, soft crackers, toast and puddings. Patients under the care of Dr. E. G. Cutler during a like period have been fed on skim milk, buttermilk, eggs and milk, albumin water, chicken broth, and beef juice with barley water. The mixed foods were so strained as to be freed from solid particles.

During the thirty years of liquid, farinaceous diet, the average mortality was 14.1 per cent. In the milk and beef-tea decade it was 16.6 per cent., although in the immediately preceding liquid, farinaceous decade it was 15.9 per cent. From 1879 to 1899, among those patients using milk as the principal article of food, the mortality was 14.6 per cent., which was about the same as during the period of liquid, farinaceous diet. The mortality was only 11.3 per cent., however, among the patients between 1893 and 1898 who were fed upon the liquid and soft-solid diet prescribed by Dr. Shattuck. This mortality compares very favorably with that of 15.1 per cent. noted among the patients using a largely milk diet, and with the 16.6 per cent. mortality occurring among patients taking strained, starchy and proteid fluids.

Since 1839 emetics and purgatives have no longer been in use and antimony has been discontinued. Calomel has been employed only occasionally in the decade following 1838, and again in 1887, when ten grains of calomel were given as a matter of routine to about one-half of the patients when they entered the hospital. The treatment in general use consisted of an alkaline fever mixture, mild laxatives or chalk mixture and laudanum as the condition of the bowels might demand. After 1868 rectal enemata instead of laxatives by the mouth were used when a movevent of the bowels was desired. In 1878 quinine and other antipyretic drugs were added to or

substituted for the alkaline fever mixtures, and were used with greater or less frequency during the subsequent ten years. The external use of water in the treatment was begun in 1873. At first some of the patients were sponged with tepid water two or three times daily. From 1878 to 1888, however, the frequency of the sponging was increased to six or eight times a day, and the temperature of the water was often as low as 65° F. Since 1888 sponge baths and tub baths, at a temperature of 65° F. and upwards have been in constant use as often as every four hours when the temperature of the patient was 102.5° F. As the average mortality from 1878 to 1888 was 16 per cent., and from 1888 to 1898 was 13.5 per cent., it is evident that the definite lowering of the rate has taken place during this period of cold-water treatment. It does not follow, however, that this change for the better was due to the use of cold water, since a lowering of the mortality even 5 per cent. in successive decades took place between 1839 and 1859, wholly independent of any obvious modification of treatment. It remains to be learned whether the external use of cold water and the changes in diet have been attended with variations in the occurrence of such complications of typhoid fever as intestinal hemorrhage, perforation and relapse.

In the earlier years of the hospital, patients with typhoid fever were allowed to walk to the closets for the purpose of emptying the bowels; hence presumably, the occurrence of hemorrhage from the intestine was often overlooked. Notwithstanding this fact, Dr. Jackson notes 10 per cent. of hemorrhage from the bowels in his series of 303 cases.

From 1849 to 1899 the occurrence of intestinal hemorrhage is recorded in 159 cases out of 2,767 patients, a ratio of 5.7 per cent. The extremes in the decades here included are 2.3 per cent. from 1859 to 1869 and 9 per cent. from 1889 to 1899. The table shows that during the last twenty years, and especially during the past ten years, hemorrhage from the bowels has been much more frequent than during the previous twenty years. Indeed, the average occurrence has been nearly as high in the past ten years as during the days of emetics and the active use of purgatives. That this is not a question of consistence of food appears probable from the study of the records between 1893 and 1899. In this period the frequency of intestinal hemorrhage among patients living chiefly on a milk diet was 10.6 per cent.; among those fed upon strained proteid and amylaceous fluids it was 16 per cent., while it was only 9 per cent. among the patients living upon fluids and soft solids. The inference from this comparison is: A diet of soft solids not only does not provoke intestinal hemorrhage, but also rather lessens the tendency to this complication. On the other hand, a strained mixed diet may increase somewhat the frequency of hemorrhage.

The conclusions reached from this study of the records of the Massachusetts General Hospital for the past seventy eight-years are as follows:

1. The treatment of typhoid fever does not differ in essentials from the principles laid down in 1839.

2. The average mortality from this disease has not materially changed from the days of active treatment with emetics, purgatives, venesection, antimony and calomel down to the present time.

3. Intestinal hemorrhage, perforation and relapse, upon the whole, are quite as frequent now as at any period in the history of the disease.

4. A considerable variety in diet may be permitted not only without detriment, but also with possible benefit to the patient.

To Cure a Cold.—The following quick method of curing a cold in the head is recommended by A. S. Barnes in the *Inter-State Medical Journal*:

Give the patient a warm bath, temperature 97 to 100 degrees, or as warm as he can stand conveniently for five minutes. Then roll him between warm blankets and put him in bed and heap on the covers. Give one-eighth of a grain of pilocarpine muriate in a half glass of warm water. If the patient be weak give less of the pilocarpine. Let him sweat three-quarters of an hour and give 1-100 grain of atropine in water. After fifteen minutes, gently dry the patient with warm towels without friction. Invest him with a warm night-robe and put between warm sheets with an ordinary covering. Then give the following prescription:

℞ Phenacetine .....gr. xviij
Salol .....gr. xxxvi
Caffein citrate .....gr. iv
M. et ft. capsules No. xij. Sig.—One capsule every hour.

The patient should be informed that the salivation will disappear in a very short time. If properly carried out the method is entirely free from danger and the cold will be more quickly cured than by any other method. —*Western Medical Review.*

Clay Dressing.—Students of medical history know how great value was attributed by Galen and others to Lemnian earth, "terra sigillata," as an absorbent. Dr. Stump, having noticed the remarkable preservation of a dead body embedded in clay, and considering this due to the antiseptic and absorbent properties of the earth, determined to use the latter in the treatment of suppurating wounds and ulcers. He first sterilizes the clay by heat and then powders it over the wound, covering the whole with a gauze compress. "Under the dressing, which it is often unnecessary to renew, wounds and ulcers rapidly cleanse and cicatrize.

Dr. Melissinos, of Gaute, confirms this by the history of a vine-dresser, who, on the advice of his companions, dressed a severe wound penetrating the knee-joint with clay, and though not otherwise attended to for 15 hours the wound healed by first intention and the joint remained intact.—*Medical Magazine.*

Childbirth With Savage and Civilized Women.—The labors of savage women are known to be safe and easy. How does civilization render labor difficult? Dr. Reid holds that heredity is largely responsible; that women with small pelves tend to have daughters with a like peculiarity, and that the individual born with a large or small head has a tendency to transmit to his or her children a similar cranial formation. When a savage woman has a small pelvis or a large-headed child she generally dies in labor, and thus, generation after generation, narrow hips and large heads are eliminated, while the right proportion between head and pelvis is secured. In civilized countries many small-hipped and large-headed children are annually preserved. If these perished as they would among savages, the average difficulty of labor in the next generation would be appreciably ameliorated. But, as Dr. Purslow (Birmingham) pointed out, the difficulty of labor in civilized women was often due, partially at least, to deficient power of the expulsive muscles, the result of the use of corsets and the want of exercise. Posture may also to a certain extent be responsible. Savage women almost invariably assume the squatting position. If Dr. Reid's deductions are as sound as they are logical, there will be a large and increasing field for the gynæcologist of the future.—*English Medical Review of Reviews.*

Eye, Ear, Nose and Throat Department.

By W. H. WAKEFIELD, M. D., Charlotte, N. C.

Implantation of a Glass Ball into the Orbital Cavity.—Dr. L. Webster Fox, in *The New England Monthly*, advises this procedure when the tissues of the orbit or the lids have contracted after enculection, rendering the wearing of an artificial eye impossible. He operates by making an incision through the conjunctiva and orbital tissues in the horizontal direction. The cut has a smaller diameter than the glass ball to be inserted. The upper lip of the conjunctiva is raised, and with sharp pointed scissors dissection is made in all directions around the incision and a pouch is formed into which the glass ball is placed. The edges of the wound in the conjunctiva are brought together by five or six stitches, and the dressings applied. In every case on which this operation has tbeen done the appearance of the patient was much improved and relief obtained from retained secretions. When the mucus membrane contains much cicatricial tissue the stitches may give way, necessitating a repetition of the operation.

Inflation and Medication of the Middle Ear in Non-Suppuratiae Olitis-Media.—Dr. E. O. Belt, in *The Maryland Medical Journal*, *Dec. 30*, advises this procedure by means of compressed air apparatus and nebulizer. The naso-pharynx is first sprayed with a modified Dobell's Sol., which cleanses the parts and reduces turgesence, making inflation easier. It is rarely necessary to use over 20 to 25 pounds air pressure. The air is passed through a receptacle like the globe nebulizer where it is medicated, if desired and the sudden rush of air is modified by the rubber tubes. The patient is directed to puff the cheeks out; the nose-tip, which should be large and round, is placed in one nostril, and, with a Davidson cut-off on the air apparatus, the air is allowed to enter one nostril and escape through the other; then the other nostril should be closed by thumb or finger. If the palate is up, the nostrils will puff out and the ears be inflated, unless the obstruction is very great. If the nostrils are closed before distending the cheeks, the palate will not be elevated and the air will pass down the throat, but this will occur sometimes anyway. It can usually be overcome by directing the patient to swallow while the air is flowing. If the obstruction in the Eustachian tube is so great as to prevent inflation by this simple method, a few drops of a 4 per cent. cocaine solution may be applied to the nasal passage and the mouth of the Eustachian tube on a cotton applicator. Cocaine spray is not recommended on account of the greater danger of its toxic effect. The swelling of the mucous membrane disappears as if by magic, and that the caliber of the Eustachian tube is greatly increased is evidenced by the case with which it is then permeated. Another advantage of the compressed-air apparatus is that, by quickly opening and closing the Davidson cut-off, vibratory movements or massage can thus be given the drum-head and ossectis. The author does not approve of injecting fluid into the middle ear through the Eustachian tube.

Not Identical but Similar.—A medical student was asked to give an illustration of Similia similibus curantur, replied, the druggist selling the jet black negress lamp-black when she called for face powder.

Book Reviews.

A Practical Treatise on Materia Medica and Therapeutics. By ROBERTS BARTHOLOW, M. A., M. D., LL. D., Professor Emeritus of Materia Medica, General Therapeutics, and Hygiene in the Jefferson Medical College of Philadelphia, etc. Tenth edition, revised and enlarged. New York. D. Appleton and Company, 1899. Pp. xxii—866.

A standard work like the Materia Medica and Therapeutics of Professor Bartholow needs no introduction to our readers. The rapidity with which edition after edition have been exhausted indicates the esteem in which this work is held by the profession. The tenth edition is now ready for distribution. The valuable features of earlier editions have been preserved and the work remains, as it has been since its first appearance, one of the best of the pharmacological class. A number of articles have been added upon the newer remedies and a chapter is devoted to prescription writing. Througout the volume the optimism of the gifted author is clearly apparent and lends additional charm to the clear and forcible exposition of what the author knows of his own knowledge.

Loveliness. A story by ELIZABETH STUART PHELPS. Price $1.00. Houghton Mifflin & Co. Boston, Mass. 1899.

This little book of less than fifty pages tells the story of a little shaggy terrier of high breed and well educated. He was the inseparable companion of his little lame mistress until a great mean man stole him away. Then for several months the little girl pined and waited for his return until she was close at death's door. Just in time he was discovered by her father in the laboratory of the medical department of the University, for he was lying bound and gagged upon the table before a class of thoughtless, heartless medical students, and the cruel professor had his scalpel raised to make the first incision when the horrified and frantic father rushed upon the scene with his lawyer and a search warrant, and saved him. This is a pretty story and bears a moral, viz.: *Let the little children who might otherwise grow to be good and wise men and women, and a glory to God, die, and all humanity suffer, if to prevent it a poor dumb dog shall suffer a few moments pain.* We cannot help asking ourselves would this little girl have grieved as deeply for her mother as for her dog? We doubt it. A fair example of the depraved state of human affection among a certain class.

The American Monthly Review of Reviews grows better month by month. The hard-worked physician who has but little time to glance at the daily papers cannot afford to do without the Review of Reviews. An hour's reading now and then through the month will thus keep him in touch with the world's progress and with the best of thought from every land. The cost of $2.50 per annum is but little when compared with the profit to be derived.

Literary Notice. Commodore Phillip, who commanded the battleship "Texas" at the battle of Santiago, has been so much impressed by the reading of "What a Young Man Ought to Know," that a few days ago he placed a copy of it in the Cob Dock library in the Brooklyn Navy Yard, upon the fly-leaf of which, over his own autograph, he expressed the hope that "many sailor men will pick this book up and read it." The book is written by Sylvanus Stall, D. D., and issued by the Vir Publishing Co , of Philadelphia.

Headaches of nasal origin generally occur on first awakening. Headaches from eye strain come on after using the eyes later in the day.

Therapeutic Experiences and Suggestions.

The object of this department is to afford the profession an opportunity to discuss, pro and con, the newer therapeutic agents.

The Value of Cod Liver Oil in the Treatment of Phthisis and Wasting Diseasas.

[ORIGINAL COMMUNICATION.]

By DR. ROBT. FRAME, Milford, Delaware.

As an alterative and tissue builder in the treatment of phthisis and wasting diseases, there are few agents, if any, in fact, that are in more general use than cod liver oil, either in its natural state or as an emulsion combined with the hypophosphites. In the treatment of pulmonary tuberculosis, chronic bronchitis and other affections of the respiratory organs, this agent has acquired a popularity that would not have been possible had it not possessed merits of the highest order. By some close observers it is considered valuable in chronic rheumatism, and I have no doubt of its value in the treatment of this disease in rundown patients.

Consumption is indeed "the great white plague," it causes more deaths than all other diseases, hence, a remedy that will enable mankind to resist its inroads should be welcomed. The disease is not only communicable, but preventable, and in the earlier stages, curable. I have seen cicatrization in the lungs, showing that the disease had been arrested, in several autopsies where the patients had died of other causes. In the treatment of this dread disease, correct alimentation is of the highest importance. To secure healthy, rich blood for the repair of diseased tissue, we must have proper feeding, and then nature must be aided by proper remedial agents. Usually, the appetite is either depraved or is almost completely lost. If patients are permitted to follow the cravings of their appetites they will, as a rule, partake of very little wholesome food, and will eat much that will be harmful. A careful study of the digestive ability of each patient is a necessary preliminary to the intelligent treatment of any case of consumption.

The two cases reported below are "pen pictures" of many that call for our help, and I am prompted to give my experience by reason of the satisfactory results obtained—results exceeding my expectations:

Miss S. E. F., 22 years old, school teacher: Had attack of bronchitis some years ago; has been anæmic and emaciated since the attack and suffers from (anæmic) dysmenorrhœa. Both parents and a sister died of phthisis. Has been under treatment of other physicians who pronounced her disease pulmonary consumption, and treated her in accordance. When she came under my care it was impossible for her to retain anything on her stomach. Her cough was very severe, and accompanied by copious expectoration, containing an abundance of tubercle bacilli. She had given up all hope of getting well.

Mr. E. H., 21. I first saw him ten weeks ago. Considerable cavity in lower left lung. He had been under the treatment, at different periods, of

several excellent physicians. The prognosis, given by them to his relatives, was unfavorable. His cough was very troublesome, and his respiration was so impaired that he could not converse without frequent stops for breath. Hemoptysis was frequent; every symptom indicated the approach of the last stage of consumption.

In both cases, I "rung the changes" in the way of treatment. I used creosote as an inhalant. Hypodermically, I used aseptolin, Edson. By the use of an opiate, I was able to sooth the cough. Different preparations of the hypophosphites were tried, but the various remedies could not be retained by the stomach. An effort was made to use cod liver oil, but its use had to be given up for the reason that it was not tolerated by the stomach. At this stage I tried, with the happiest results, Hagee's Cordial of Cod Liver Oil, with hypophosphites. In each case it was well borne by the stomach, and improvement was prompt and rapid. Of course, special care was exercised regarding diet, but the improvement in their condition has been remarkable.

In the case of Miss S. E. F., there was a gain of four pounds the first week. Her cough and expectoration have disappeared, her cheeks are fat and rosy, the appetite is now excellent, and a fair prospect that her health may be completely restored.

In the case of Mr. E. S.: He began to improve soon after placing him on Cord. Ol. Morrhuæ Comp. (Hagee). All the physical signs diminished; the left lung had resumed its function. He is now able to resume his business, and may live for a number of years.

From the valuable experience I have had in the use of Hagee's Cord. Ol. Morrhuæ Comp. in these two cases, I would respectfully recommend a trial of it in all pulmonary diseases, and other affections of the repiratory organs. First: On account of it being free from the taste and smell of cod liver oil, and is easily retained by the stomach, it being a delightful aromatized cordial. Second: It increases the appetite and produces rapid accumulation of flesh, and strengthens and tones the system, and an amelioration of all the symptoms are soon noticed.

Diet in Typhoid Fevers.—By Fred C. Shurtleff, M. D., Los Angeles, Cal. Much has been written pro and con in reference to this or that article of diet in the management of typhoid fever. It is a settled fact that the food must be fluid, highly nutritious and easy of digestion, for the maintenance of nutrition is imperative in this wasting disease. Milk is probably the most extensively used and will form the main article of diet as long as fever lasts. I have used milk in nearly all its various forms in the care of my cases from frozen or boiled sweet milk to butter milk, from sweet milk, milk with lime water to that partially digested with pepsin or pancreatin when digestion was enfeebled. The tendency in milk diet is to overfeed by forcing too large quantities at one feeding and thereby cause a disgust for that diet upon which we have pinned our faith. If one insists upon an absolute milk diet not infrequently will you find your patient has gone without it rather than take it. They fret under its administration, digestion is interfered with, curds swarming with bacteria of decomposition are found in the increased diarrhœal discharges, plus the bacteria of typhoid fever already existing, hence the object we wish to attain so far as it is possible, (that of rendering the gastro intestinal tract aseptic) is defeated from the outset by error in diet. I have often been puzzled as to what to substitute for milk in this class of cases until the stomach becomes more tolerant. I have tried various

farinaceous substances and discharged them on account of the increase of flatulency they almost invariably produced.

From some time past I have tided my patients over their critical period by tablespoonful doses of liquid peptonoids every two hours, giving nothing else in the way of nourishment but the above remedy. I cannot speak too highly of this elegant preparation where digestion is below par, as a highly nutritious food that will not curdle upon the stomach, or leave a residue in the intestinal tract. It is a slightly stimulating food, consequently your cases as a rule will require less alcoholic stimulants, a great desideratum in some cases. I do frequently carry through my cases of typhoid successfully, where no other article of diet is given from the time I make the diagnosis until convalescence is firmly established and I call the attention of the profession to it for that class of cases in which milk cannot be taken.—*Southern California Practitioner.*

Alkalithia in Lithaemia.—It will be admitted as an axiomatic truth that where the cause of a disease is known, the best treatment of that disease is to seek to remove the cause if still operative, and if the cause of gout and rheumatism be uric acid, clearly then the best treatment of these conditions is to remove from the system uric acid. There is no more radical or effective method than by the use of the alkaline treatment. A condition most favorable to the elimination of uric acid is one of increased hæmic alkalinity, with diuresis.

"An alkaline remedy to induce this condition is 'Alkalithia,' a remedy which contains 5 grains of carbonate of lithia and 10 grains each of bicarbonate of soda and potash to each drachm, or a total of 25 grains of alkali to each dose of a drachm or heaping teaspoonful. In combination with caffeine it has been called by some of our therapeutists 'the ideal diuretic.' Those who have given it a fair trial, combined as above in 'Alkalithia,' find it as effective in practice as it was held to be ideal in theory."

The Antikamnia Chemical Co. has prepared two new tablets, "Antikamnia Laxative Tablets" and "Antikamnia and Quinine Laxative Tablets," for which we predict a large use by the profession. These two new combination of agents are particularly useful in colds, the early stages of la grippe, congestions, and the general disturbances arising from defective excretion and secretion. The well known power of Antikamnia to relieve pain and restlessness and reduce fever, reinforces the other agents, (Cascarin, Aloin, Podoph. Belladonna and Quinine) producing a laxative or mild purgative effect, according to the dose, without griping or stomach disturbance as well as allaying restlessness and combatting the disease. We believe the profession will make large use of these tablets.

Grave Thoughts.—We cannot recall the authorship of the following story: A servant girl informed her mistress, who in belief was a Christian Scientist, that her uncle in a distant city was sick. The mistress said he is not sick, he only thinks he is sick. A few days later in answer to an interrogatory of the mistress as to the condition of the uncle, the servant said, He thinks he is dead, we buried him.

Witticism for a Cloudy Day.—"Dear," said Mrs. Youngwife, "those table castors squeak terribly. I wish when you come home tonight you would bring me some oil for them." "What kind?" "Why, castor oil, of course."—*New York Press.*

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorous, the whole combined in the form of a Syrup with a **Slightly Alkaline Reaction.**

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products. The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, ***finds that no two of them are identical,*** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, ***in the property of retaining the strychnine in solution,*** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. ***Fellows.***"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to

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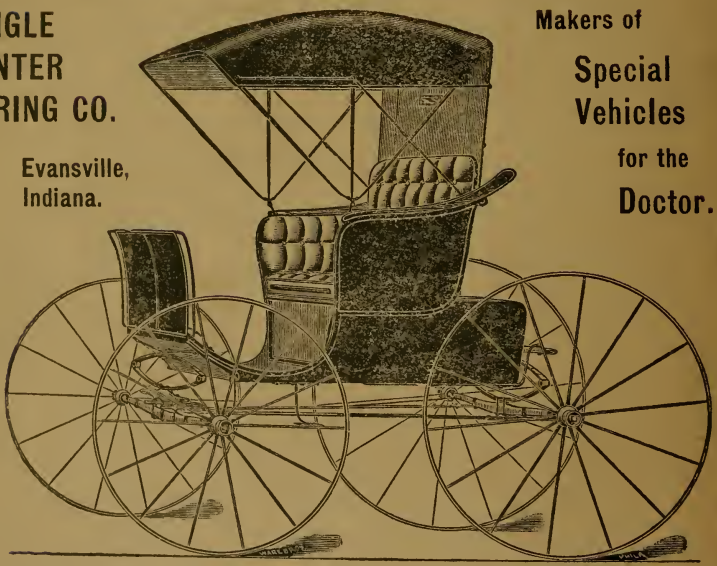

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THE CAROLINA Medical Journal.

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Robert L. Gibbon, M. D., Robert D. Jewett, M. D., W. H. Wakefield, M. D.,
Editors and Proprietors.

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suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LAMBERT'S LITHIATED HYDRANGEA.

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THE CAROLINA

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Editorial.

EYE, EAR, NOSE AND THROAT.

The policy of the CAROLINA MEDICAL JOURNAL is to devote an issue, at suitable periods, to certain medical and surgical subjects, and in carrying out that policy this issue is given almost wholly to Eye, Ear, Nose and Throat diseases. The papers have been prepared with the view of their being useful to the family doctor, and the same hold true of the abstracts and extracts.

SMALLPOX AND VACCINATION.

The spread of smallpox throughout the country has reached a point that seriously threatens the public health, as well as the business of various States. The epidemic seems to cover a considerable area, and its gradual spread from city to city and village to village attests the negligence upon the part of certain portions of the population, of the most efficient method of quarantine against its ravages.

The newspapers give almost daily accounts of an outbreak of the disease in new localities. Eleven such foci in this State have been reported to the Board of Health since January 1st, and there are doubtless others.

In addition, there are occasional press reports of individuals belonging to the non-intelligent class, who, strange to say, carry their opposition to vaccination to the point of going to jail or paying a heavy fine, rather than submit to the protective measures prescribed by law for the safety of the individual and of the community. If there is so little excuse for the intel-

ligent layman, who need only consult an encyclopedia to convince himself of the necessity and efficiency of such protection, what shall be said of the few medical men who are either lukewarm advocates, or profess an entire disbelief in one of the most brilliant achievements of preventative medicine. Their infection, while insignificant in point of numbers and scientific standing , yet serve as a rallying point for the opposition and is but another proof that no fact is so susceptable of demonstration as to be assimilated by some minds.

At the risk of appearing too importunate upon this sudject, we publish elsewhere an extract from the address of Prof. W. W. Keen, of Philadelphia, before the Medical and Chirugical Faculty, of Maryland, in April, 1899, entitled "The Debt of the Public to the Medical Profession." Dr. Keen has marshalled the successful accomplishments of medical science in an imposing array, and in no part of his address has he done this with more force and convincing proof than in considering the question of smallpox and vaccination.

THE APPALACHIAN NATIONAL PARK.

The movement now under way for the establishment of a National Park in Western North Carolina must everywhere meet with the approval of Medical men. The salutary influences exerted by forests upon climate and especially upon the rainfall is now recognized by the general public, as well as by scientists, and for this reason it is believed that the effort to have the government set apart a considerable area in the Southern Appalachians for the purpose of a park, similiar to the Yellowstone Park, will be successful. The section of country which it is proposed to use for this purpose is one of the finest resort regions in the United States, magnificently timbered and where, an eminent authority has declared: "every sort of North American animal or fish would thrive, and almost every tree or plant found within our borders, from the Atlantic to the Pacific would grow uncared for."

In the words of an eminent North Carolinian:

"Here is a region where winter lingers not; the mountains swell with life at the breath of early spring and clothe themselves in garments of emerald leaf and many tinted flowers; summer sunshine wraps the earth in lustrous woodland, changing to royal robes of autumn splendors of purple and crimson and cloth of gold: transparent waters of creeks and rivers glide and dance and foam over their rocky beds, above them as an arch the arms of the giants of the forests, on their banks the honeysuckle, the violet, the tiger-lily, the ivey and the laurel breathe perfume as sweet as the odors of the 'lilies of eternal peace.'"

It requires no prophetic vision to realize that with the present rate of forest consumption, a very few years will see this section denuded of timber, its beauty in a large degree gone, and what is of more serious importance, the destruction of so large an area of wooded country is liable to materially modify the water supply.

The late Mr. Ruskin, of England, was said to have carried his love of nature and things aesthetic to such an extent that the sounds of a railway whistle was to him a discord, jarring every nêrve, and the sight of a factory smokestack was like a blot upon creation. While there are few in these utilitarian days capable of sympathizing with so aesthetic a nature, there are also few who would not desire to see a portion of those primeval forests preserved for the betterment and instruction of future generations.

THE X-RAYS IN MEDICINE.

The growing importance of the Rœntgen rays in diagnosis and prognosis is quite phenomenal. All over the civilized world the subject is being studied in its various phases with the result that already it bids fair to become another specialty with a literature of its own. As the discovery of the X-Ray was a gradual process, made possible by the work of several men, so it is likely that its sphere of usefulness will be considerably increased as a result of the combined work of the many investigators who are at present testing its possibilities. While at first regarded mainly as a means for viewing the bony portions of the body, or for the location of certain classes of foreign bodies, there is now a very decided probability that this device may be of immense value in the determination of thoracic diseases. Already it is claimed that spots of tubercular thickening may be detected in the lungs long before the physical signs give any evidence of their existence, and that the gradual encroachment of the malady upon the healthy tissue may be observed from week to week. The same is true of cardiac hypertrophy or atrophy. While much remains to be done before these and similar uses of the X-rays can be perfected, the ancient view that man should have been created with a window, through which his interior mechanism could be looked after, does not now seem so impossible of realization.

THE TRI-STATE MEDICAL ASSOCIATION.

The preliminary announcement of the next meeting of the Tri-State Medical Association to be held February 20th at Charleston, S. C., gives promise of being unusually interesting. In addition to the many other papers of scientific value, the special subject for discussion, "The American Negro and the Influence of Heredity upon Him," is one which at this time will likely attract widespread attention from the various parts of the country. The medical status of the negro race in America is always a matter of interest from many standpoints, while his presence in the midst of a Caucasian population raises perennial problems of a social and political character, which in turn are decidedly influenced by his physical and mental devotion or decadence, as the case may be. The Association is to be congratulated upon its selection of Dr. Paul B. Barringer, of the University of Virginia, as the leader in the discussion. In addition to his scientific attainments, Dr. Barringer professes an intimate practical knowledge of his subject, the result of a life-long acquaintance with the negro.

THE CAROLINA MEDICAL JOURNAL.

Twenty-*three* years ago The North Carolina Medical Journal was established and during all these years it has striven for the elevation of the profession which it serves.

During that time its editorial pages have not reflected towering ability and contributed articles have not made their writers famous. Its pages, however, have ever been clean and respectable, and the matter that has been served to its readers has been helpful and inspiring to all who read it carefully and intelligently, and the Journal has ever kept pace with the advances made in our science. Many, very many, of the contributed articles pub-

lished in its pages have been thought worthy of reproduction in other Journals of wide circulation and influence. On the whole the Journal has run a creditable and useful career.

It has been thought best to change the name and THE CAROLINA MEDICAL JOURNAL succeeds to a good name and worthy heritage.

We ask every physician whose eye scans these words to help us to make THE CAROLINA MEDICAL JOURNAL an honor and a bulwark of strength to the profession of our Southland. Help us, you men with facile pen and active brain, to feed our readers on medical truths tersely told; write of *your own experiences* at the bedside and your brethren of smaller gifts will bless you. We are giving the JOURNAL our best efforts and are also putting into it all that it earns. Every man who pays his subscription or obtains a subscriber aids in supporting an agency that is ever at work for the good of the profession. We ask those who owe the JOURNAL on subscription to kindly aid us by remitting. We do not ask for much, but we do need the little asked for, and help from all by pen and coin will enable us to improve the JOURNAL in many ways.

Croup.—The following prescription, suggested by Joseph Hylt, of New Orleans, has been tried many times with happiest results:

℞ Choral.....gr. lxxv
Potassii bromidi.....gr. xlv
Ammonii bromidi.....gr. xxx
Aquæ cinnamomi.....gr. ℥ij

Sig. Teaspoonful, and repeat in twenty minutes if not relieved.

This is intended for a child about seven years old. For younger children the dose is diminished. The chloral relieves the spasm of the larynx, and bromides allay the neruousness; so that the patient is soon asleep, and wakes the next morning as well as usual. The first dose generally gives relief. This prescription is of no benefit in true or membranous croup.—(*Practioner*, 1899, lxiii, 356.)

An Editor's Sad Plight.—"It is reported that one of Bolivar's fastidious newly married ladies kneads bread with her gloves on." The incident may be somewhat peculiar, but there are others. The editor of this paper needs bread with his shoes on; he neads it with his pants on, and unless the delinquent readers of this old rag of freedom pay up before long he will need bread without a darned thing on.—"*Humansville Star-Ledger.*"

The Soldier's Pocket Dressing in South Africa.—According to the *Medical Review of Reviews* for November, every soldier's kit on active service has a field dressing outfit sewed into a pocket on the inside of the jacket. The outfit consists of gauze, gauze bandage, compressed charpie, safety pins, and a piece of mackintosh. Directions for use are printed on the inside and outside covers.

Lost—A steel rod umbrella by a gentleman with a bent rib and a bone handle.

Medical News and Items.

Typhoid Fever is said to be decreasing in Ladysmith.

Smallpox has broken out among the Indians in the Colville Reservation, Washington.

Famine prevails in India and fully three million people are receiving relief from the famine relief fund.

The Plague is spreading in India and a staff of Japanese physicians have been engaged for service at Newschwang.

Carbolic Acid is reported advancing in price and the reason assigned is that it is needed in the manufacture of lyddite.

The British Medical Association will hold its sixty-eighth annual meeting at Ipswich from July 31 to August 3, 1900.

Smallpox is quite prevalent in North Carolina, and it is the duty of all physicians to use every effort to stay its progress.

Diphtheria is so prevalent in the Philadelphia public schools that a number had to be closed for purposes of disinfection.

The Plague threatens the armies of the British and the Boers. Several cases are reported in Portugese Africa, particularly in Delgoala Bay.

A number of medical societies in England have passed resolutions granting free medical attendance to the families of soldiers who have gone to the South African war.

Dr. Hy F. Long, of Statesville, having resigned the position of smallpox expert, the duties of which he performed with signal ability, Dr. R. H. Lewis has appointed Dr. L. Harrell, of Statesville, to fill the vacancy.

By the will of the late Mr. Daniel S. Ford, of Boston, proprietor of *The Youth's Companion*, the Massachusetts General Hospital receives $7000, the Boston City Hospital $6000, and the Children's Aid Society and the Children's Hospital of Boston each $5000.

Dr. Howard A. Kelly, of Johns-Hopkins, was bitten in the finger by a rattlesnake a few nights ago while delivering a lecture on poisonous serpents to a class of students. He applied his lips to the wound and sucked a few seconds and coolly went on with his lecture.

The Population of Cuba.—According to the returns thus far received from the 1,550 census enumerators in Cuba, whose work is nearly completed, it is estimated that the population of the island is about 1,200,000, or 400,000 less than the Spanish census of 1887 showed.

The Archives of Pediatrics changed editors at the beginning of the present year. Dr. Floyd M. Crandall, who has ably conducted the magazine for some years, resigned, and Dr. Walter Lester Carr has succeeded him. The price of the *Archives* is reduced to $2.00 a year.

Malaria-Bearing Mosquito.—A writer in the *Indian Medical Gazette* states that the Anopheles or malarial-bearing mosquito was not to be found

in the small pools near houses, as had been discovered by Ronald Ross, but that he was able to find them in rice fields surrounding one of the towns.

The Continued Fevers of North Carolina will be the subject of The Annual Discussion at the meeting of the North Carolina Medical Society, in Tarboro on May 15th. Dr. J. M. Parrott, of Kinston, who will lead in the discussion, requests members to come "cocked and primed" in order that the discussion may be profitable.

Tinnitus Aurium is regarded by Robin and Mendel (*Memorabilien*, July, 1899,) as due to direct or reflex irritation of the auditory nerve. For its relief they recommend the fluid extract of cimifuga racemosa; gtt. xxx. pro die being a moderate dose. According to the observation of these authors, this drug has a sedative effect upon the aural circulation as well as upon the auditory nerve.—*Medical Record.*

According to an exchange, a project is about to be launched in Colorado which is apparently of more value in the treatment of consumptives than anything that has heretofore been offered. It is proposed to establish from Denver south a series of plantations, which shall be under State control, but so far as possible will be made self-sustaining by the labor of their inmates. These are to be opened to those consumptives who can afford the price of transportation.—*Medical Age.*

There is a nice little distinction between the words "physician" and "doctor," which the average physician fails to appreciate, and as a consequence the public does likewise. That there is more dignity in the use of physician in almost all places where the desired term is a noun will be apparent, if you will answer the question, "What is your occupation?" using each word in the answer. Dr. Smith may say, "I am a doctor," but it unquestionably would sound better did he say, "I am a physician." In its medical sense "doctor" is an excellent adjective, but a poor noun.

Appendicitis Said to be Caused by the Habit of Crossing the Legs.—A foreign surgeon has put forward the suggestion that appendicitis is caused by the habit of crossing the legs, which restricts the action of the digestive apparatus. The appendix is only loosely attached to the cæcum, and there is always some half-digested food in the cæcal bag. By crossing the legs there is liability that the undigested food may pass into the vermiform appendix and set up inflammation; in a few hours pathological processes set in, and an attack of appendicitis is developed.—*Scientific American.*

A Poison Bottle.—Senator Wilcox, of Auburn, purposes introducing into the New York legislature a bill providing that any bottle containing poison shall be of such peculiar shape that it can be readily distinguished in the dark by the touch. A similar bill was introduced at each of the two preceeding terms of the legislature, but was defeated on the ground of discrimination in favor of some particular manufacturer who might secure a patent upon his design. To avoid this a provision will be incorporated in the bill that the style of bottle shall be determined by a committee of the State Medical Society, acting in conjunction with the State board of health.—*Medical Record.*

Jefferson Medical College.—At a meeting of the Philadelphia Chapter of the Alumni Association of Jefferson Medical College on January 2d, Dr. Lawrence F. Flick discussed the prevention of tuberculosis. He said that

to this end the people must be educated as to the contagious nature of the disease. State hospitals for the treatment of cases in the incipient stages must be erected, with registration of cases and the application of the general principles of isolation and disinfection. Dr. J. C. Wilson expressed hope for an anti-tuberculosis serum, and emphasized the importance of improving the nutrition by means of abundant alimentation, an open-air life, long hours of sleep, and the discipline of a sanatorium.

Worth Catching—

The doctor men are chasing
The microbes near and far,
They are all bent on placing
The crawlers in a jar,
But they've overlooked a matter—
An important little worm—
That is wont to widely scatter.
It's
the
cold
feet
germ. —*So. Cal. Practitioner.*

Competition for the American Medical Association Medal.—At the meeting of the American Medical Association, held June 4, 1897, it was resolved to restore the former policy of the Association in favor of offering annually a gold medal for meritorious scientific work. The committee for this year, consisting of Drs. George M. Gould, of Philadelphia, E. Fletcher Ingals, of Chicago, and T. W. Huntington, of Sacramento, Cal., desires to direct attention to the following rules governing the competiton:

1. The medal shall contain the seal of the United States or a seal of the Association, to be hereafter designed, on one side and an Esculapian staff on the other, together with the name of the recipient of the medal and suitable inscriptions.

2. The commercial value of the medal shall be $100.

3. A standing committee on prize medals, consisting of three members of the Association, shall be elected by the Business Committee as follows: One for one year, one for two years and one for three years, and thereafter one to be elected yearly to hold office until in either case his successor has been duly elected. In no case shall a member of the Business Committee hold a place on the Committee on Prize Medals.

4. The competing essays shall be typewritten or printed and shall bear no mark revealing their authorship; but instead of the name of the author, there shall appear on each essay a motto, and accompanying each essay shall be a sealed envelope containing the name of the author and bearing on its outer surface the motto of identification. No envelope is to be opened by the Committee until a decision has been reached as to the most deserving essay, and the other essays have been returned to their respective owners. The Committee shall have authority to reject and return all essays in case none have been found worthy of the Association medal. Competing essays must be in the hands of the Committee not later than March 1, 1900. For further information address any member thereof.

Medical Society News.

The North Carolina Medical Society will hold its annual meeting in Tarboro, on May 15th.

The Medical Society, of the State of South Carolina, will hold its annual meeting in Charleston, S. C., on April 18th.

The Twenty-Sixth Annual Meeting of the Mississippi Valley Medical Association will be held at Asheville, N. C., October 9, 10, 11, 1900. Chairman Committee Arrangements, M. H. Fletcher, Asheville.

The Charlotte Medical Society has elected officers for 1900 as follows: President, Dr. C. M. Strong; 1st vice-president, Dr. John R. Irwin; 2nd vice-president, Dr. Annie L. Alexander; secretary and treasurer, Dr. W. H. Wakefield.

The Buncombe County Medical Society recently elected officers for the ensuing year as follows: President, Dr. H. L. Baird; vice-president, Dr. T. P. Cheesborough; treasurer, Dr. C. V. Reynolds; recording secretary, Dr. J. T. Sevier; corresponding secretary, Dr. E. R. Morris.

Raleigh Academy of Medicine.—The following officers have been elected for the ensuing year: President, Dr. S. W. Goodwin; vice-president, Dr. F. J. Haywood; secretary, Dr. H. A. Royster; treasurer, Dr. R. S. McGeasley; board of censors, Drs. James McKee, W. I. Royster, A. W. Knox.

The Tri-State Medical Society, of the Carolinas and Virginia, will meet in Charleston, S. C., on Feb. 20th. From the partial program just sent out by the secretary, it is clearly seen that the meeting promises to be a great success. The discussion will be on the negro, his sexual life and character, the influence of his present surroundings and those coming from his far away forest home.

The Seaboard Medical Association had its second annual meeting at Newport News, Va., on January 12th and 13th. The meeting was a success in every way. The following officers for the ensuing year were elected: President, Dr. H. W. Lewis, Jackson, N. C.; 1st vice-president, Dr. Fletcher Drummond, Parkley, Va.; 2nd vice-president, Dr. M. Bolton, Rich Square, N. C.; treasurer, Dr. C. O'H. Laughinghouse, Greenville, N. C.; orator, Dr. J. E. Sebrell, Courtland, Va. The next meeting will be held in Eastern North Carolina in January, 1901; place and exact date to be determined by the Executive Committee.

Marriage.

Dr. Wm. A. Graham, a rising young physician of Charlotte, and Miss Bonnie Oates, were married on January 23rd, and at once left for New York on an extended bridal tour.

Death.

E. C. Starnes, M. D., Asheville, N. C., a graduate of the Jefferson Medical College, class of 1888, aged 39 years, died at his home January 6th. In 1890 he was elected city physician, and 1895 county physician. During the late war he served as surgeon, being stationed at the hospital at Fort McPherson, Ga.

The Carolina Medical Journal.

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The Editors are not responsible for the views of Contributors.

Contributions for the Original Department of The Carolina Medical Journal are received with the understanding that they are contributed exclusively to this Journal.

Illustrations necessary to elucidate the text will be provided without expense to authors when suitable ink drawings or photographs are furnished.

Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

Original Communications.

Typhoid Fever at the State Normal and Industrial College in Greensboro.

By W. P. BEALL, M. D., Greensboro, N. C.

The epidemic of typhoid fever at the State Normal and Industrial College in November last was so severe in character, and so deplorable in results that it attracted wide spread attention throughout the State. Knowing the special interest felt by the medical fraternity, I have written its history, briefly, for their information, and crave pardon for any seeming egotism in writing in the first person.

On October 30th I was visited by Dr. Gove, the resident physician at the College, and consulted in regard to the unusual amount of sickness then prevailing among the students.

She stated that she had twenty-five or thirty cases on hand, all attacked during the preceding week. From her description of symptoms, I agreed with her diagnosis of remittent fever, which disease had been unusually prevalent in Greensboro and Guilford county during September and suggested a microscopical examination of the blood in a sufficient number of typical cases to confirm or disprove the diagnosis.

I also suggested, as a precautionary measure the closing of the central, or main well, which was in most general use. She informed me that this had already been done. Three days later she reported that she found the malarial plasmodium in eight out of ten specimens examined, and was pushing quinine in full doses during the remissions.

Under this treatment the patients promptly improved, and although many new cases appeared during the first week of November, on November 12th about four-fifths of them had been discharged cured.

Meanwhile, from the 8th to the 12th of November, there seemed to be a fresh outbreak of the disease, and on November 11th I was requested by Dr. Gove to see the cases with her. I found about sixty-five students con-

fined to bed or room, some just beginning to be sick, others who had been sick several days, others still, who were convalescent. All of these cases were apparently remittent fever, as in all there was an initial chill, followed by a fever ranging from 103° to 104.6°, and with a distinct remission in 8 to 12 hours.

All were on an anti-malarial treatment, which I approved, and it was continued in all the cases until the 16th. We decided, however, to close the two remaining wells, and barrels, filled with city water, sterilized by boiling, were placed in all the dormitories, and the students were instructed to use only this water for drinking.

On the 14th Dr. Gove and myself discussed the advisability of suggesting to Dr. McIver a temporary suspension of the school term, but as no new cases were developing, we decided the conditions did not warrant it. On the 15th Dr. Richardson, of Greensboro, was called in to assist, and relieve Dr. Gove, who was about exhausted by the continued tax upon her. Some of the cases were beginning to assume the typhoid aspect, and on Saturday morning we discovered the characteristic typhoid eruption on three patients. We at once notified Dr. McIver that we were now sure that typhoid fever was present; he immediately called the faculty and students together and announced the fact, and telegraphed the Board of Dirrctors for authority to close the College.

On Sunday and Monday all of the young ladies, who were well enough to travel left for home, leaving forty-eight in the college. Some of these were only slightly ailing, but we declined to allow them to travel without the escort of a parent or physician. A number of these came in response to telegrams, and eight young ladies were taken away. Representatives of more than thirty families remained, and assisted in caring for their sick ones. Trained nurses had been secured from Richmond, Winston, Asheville and other points, and by Tuesday night November 21st we had gathered most of the patients into one dormitory, and had organized an emergency hospital, which was working smoothly in thirty-six hours.

Five patients, who had their special physicians, were left in the main dormitory, together with three or four who were too sick to be moved.

On the 21st the eruption had appeared on ten cases and by the 24th had showed on all except four cases. Of these, one case had neither typhoid nor remittent fever, but a nervous fever due to overwork and worry, and which disappeared in a week. Two proved to have remittent fever, and recovered promptly as soon as they were brought fully under the influence of quinine. The fourth case was undoubted typhoid of mild type.

The routine treatment adopted was, calomel sufficient to keep the bowels acting daily, until end of the second week or middle of third week. Afterwards the bowels were moved by enemas, or mild saline laxatives.

Guaiacol carbonate combined with salol or thymol, or Woodbridge tablets No. 2, were given as intestinal antiseptics. To prevent, or arrest, hemorrhage we tried ergot, by mouth and hypodermically, opium, acetate of lead and turpentine.

Sponging with cold water and alcohol, cold and hot packs, and tub baths, were the measures used to reduce and control temperature, and the presence of trained nurses enabled us to do this very efficiently. We tried the external use of liquid guaiacol in two cases, as an antiseptic, but very little effect was noticed, and it was abandoned.

The effects of the water treatment varied greatly on different patients. Some of them enjoyed cold applications, and a prompt reduction of tempera-

ture usually followed. Upon others, sponging had absolutely no effect; in some instances the temperature rose steadily in spite of prolonged sponging, lasting sometimes one hour, and no reduction followed. These cases were "packed," or put into the bath, usually with good result.

The ice bath was not used at all, on account of the marked tendency to hemorrhage, but the graduated bath as being safer.

The water was used at a temperature of 85° to 90° at first, and was gradually cooled to 70°. This was generally satisfactory, but a few of the patients did not react well after any cool, or cold applications, though a stimulant was always given before or after using them, and here we resorted to hot packs. The effect of these was always good, reducing temperature, quieting the restlessness, and producing no shock. The fecal and urinary discharges were at once disinfected with chorinated lime or bichloride solution.

The diet consisted of buttermilk, broths and liquid peptinoids. Very little sweet milk was used, as few of the patients seemed able to digest it in any form.

Eleven deaths occurred at the College. One of these was due to the effect of high temperature on a diseased heart, the patient having mitral insufficiency, and occurred in seven days after attack. This case was diagnosed as remittent fever, which was probably correct, though death occurred before a differential diagnosis could have been made.

Death was caused in four cases by profuse intestinal hemorrhage. One patient died from re-infection, the second attack being typical, even to a new and abundant crop of rose spots. Five deaths were due to the virulence of the typhoid poison, the vital powers being overwhelmed. In one of these cases the heart beats, as counted with the stethoscope, reached 240 per minute six or seven days before death, and ranged between 170 and 200 for days in spite of strychnine and whiskey, pushed to the limit of tolerance.

Thrombosis of femeral artery, in its whole extent, was responsible for one death. This appeared just as convalescence was beginning, and produced gangrene of foot and leg, extending to within three inches of knee. This case was seen by Dr. Hunter McGuire, and the limb amputated by him seventeen days after gangrene began, but death occurred eight days after operation.

Three young ladies died at home. One of these had gone through the attack at the College, and had been free from fever for ten days before she was allowed to go home. She died there twelve or fourteen days after reaching home. I have not the history of the other cases.

Dr. Lewis states, in the *Health Bulletin* for December, that three physicians in the State had written to him, expressing the opinion that *all* the cases of fever at the College had been typhoid. In view of the large number of typhoid cases, this opinion is plausible, and is perhaps shared by others who had no opportunity to see the patients.

But the clinical history shows very plainly, I think, that there were two distinct diseases at work, overlapping each other in point of time, and in a few instances successively affecting the same patient. I give a brief summary of some typical cases of each disease:

Miss R.—Taken sick October 17th, chill; followed by high temperature, no intermission. Purgative dose of calomel, and quinine, in full doses during remission. Discharged October 24th. No recurrence.

Miss P.—Taken sick October 31st. Same history as above; same treatment. Discharged November 15th. No recurrence.

Miss J.—Chill, November 4th, intermittent; anti-malarial treatment. Discharged November 8th. No relapse.

Miss B.—Chill, October 26th, continued fever; treatment same as in case of Miss R. Discharged November 2nd. No relapse.

Miss K.—Chill, October 29th, continued fever; same treatment. Discharged November 7th. No relapse.

Miss W.—Chill, October 30th, continued fever; same treatment. Discharged November 17th, and went home on November 19th. No relapse.

Miss R.—Chill, November 4th; same history and treatment. Discharged November 15th. No relapse.

Miss L.—Chill, November 8th. Discharged November 15th. No relapse, and went home on 20th. December 5th, two weeks later, developed typhoid fever at home.

The symptoms in all of these cases, the duration of the attack, the uniform and prompt recovery under anti-malarial treatment, all prove unmistakably their malarial character, and but for the fact that typhoid fever happened to develop about the time the malaria was disappearing, both from the College and the community, no physician would think of questioning the diagnosis.

There were, in all, 71 cases of malaria, like those reported above, lasting from four to sixteen days, with one death, caused by heart failure, due to valvular disease.

A few of these malarial cases afterwards had typhoid fever, as shown by the following records:

Miss T. had several chills in September, before coming to the College, and they continued to recur during October, as she neglected to take medicine except for two or three days after each chill. On Novembor 9th and 11th, she had chills, which were evidently prodromal, as her fever continued in spite of quinine, and on the 16th she was put on treatment for continued fever. November 21st, the typhoid eruption appeared, and case terminated fatally, November 29th, from hemorrhage.

Another case had chills and all the symptoms of remittent fever from October 28th to November 9th, when temperature was normal. Nov. 11th, temperature was 99.5° and continued to rise a little each day until the 17th, when she had a severe chill, followed by a temperature of 104.8°. The rash appeared abundantly on November 22nd, and this was one of our most malignant typhoid cases, the temperature reaching 106.4° in spite of baths, packs, etc.

On December 10th, the rectal temperature was 99° and continued low until December 13th, when she again had a severe chill, followed by a temperature of 104°. Believing this chill to be malarial, she was given cinchonidine sulph. (she could not take quinine) as soon as temperature began to decline, with the result that temperature was normal in thirty-six hours, and patient recovered. Here, the malarial germ had evidently lain dormant for weeks, and reasserted itself as soon as the typhoid poison had disappeared. This case was a second attack of typhoid fever, the young lady having had a very severe attack in '98.

Another case, Miss R., was strikingly like the preceding, except that the chill came after two days of normal temperature, and the succeeding fever lasted for sixty hours.

Both of these young ladies came to the College from malarial localities, and were probably thoroughly saturated with the poison.

Miss P. had chills from October 6th to November 10th; then fever

became continuous, and typhoid eruption appeared November 22nd. Case of ordinary severity was discharged December 14th. In this case, judging from time at which the eruption appeared, typhoid fever began not earlier than November 10th, while she had been sick for five weeks at that date, having a chill the day she first reached the College.

These are specimen cases, which demonstrate the fact that the two diseases were present at the same time, and in eight or nine instances, in the same patients.

Accepting this as proven, it is not surprising that we should have hesitated to diagnose typhoid fever before December 18th. The records show that every case of typhoid which remained, and was treated at the College, began to be sick subsequent to November 6th, and four-fifths of them were taken sick on November 9th, 10th, 11th and 12th. The typhoid eruption, which was the first positively differential sign we had, was first seen on night of 17th December, on one case, and on two the next morning. We found later that this eruption appeared almost invariably on the eleventh or twelfth day of disease, reckoning from the date of going to bed, and this enabled us to fix, with some accuracy, the beginning of the typhoid outbreak, as the eruption rarely, if ever, appears later than the twelfth day of disease, and usually from the seventh to tenth day.

There were a number of unusual complications, showing the severity and malignancy of the epidemic. Practically, all of the cases were severe, more than half malignant. A weak heart appeared early in all the cases, even before the diagnosis was clear, requiring the use of heart tonics before the end of the first week. The tendency to hemorrhage was also very marked.

It occurred in sixteen cases, four of them dying from this cause. The temperature ranged very high, as would be expected in such severe cases, reaching in one case, 106.4° and in several instances touching 106°.

Periostitis occurred in one case; in another, gangrene of skin and cellular tissue, not due to pressure, or any other apparent cause. Multiple cellular abscesses occurred in several cases, in one case seriously retarding convalescence. They appeared on all parts of the body, first as a hard, painful spot, not discolored, would gradually soften and require lancing. They healed very slowly. Obstinate vomiting was present in two or three cases, resisting all remedies, and in one instance was almost continuous until death. The excessive tremor in a few of the cases also showed the depth of the ulcerative process in the intestines.

Strange to say, constipation was the rule in all the cases, in spite of their severity; while, on the other hand, marked tympanitis was present in only six or eight cases. The almost invariable presence of the eruption was also an unusual feature, as in my experience with typhoid fever heretofore, its absence has been the rule. Disinfection was rigid and thorough, both during the outbreak, and since. Every room in all the buildings, including offices and recitation rooms, was filled with formaldehyde gas, the walls repainted or calsomined, wood work scrubbed with bichloride solution and repainted. The mattresses were all burned, and wooden bedsteads replaced by iron ones.

All the wells were condemned and filled, a large filter for the city water installed, with sterilizers to further purify the drinking water, so that all danger of a recurrence of such a calamity is removed.

We were aided in the treatment of the patients by several physicians from different sections of the State, who visited the College, and saw the

sick and gave us the benefit of their experience. Dr. Scott, of this city, also rendered valuable assistance by taking charge at night, and thus relieving Dr. Gove.

The unselfishness and devotion of both faculty and students were beyond all praise. In the early and trying days of the epidemic, they attended to their daily duties, while devoting all spare time, and all of the night, to watching over, and caring for, the sick, and this was continued without protest or hesitation until trained nurses could be secured. A number of ladies from the town also volunteered their services, and rendered very efficient aid as long as it was needed.

Remarks on the Best Operation for Removal of the Faucial Tonsils and Adenoid Vegetations in the Vault of the Pharynx.

By EDWARD F. PARKER, M. D., Professor of Physiology and Lecturer on the Diseases of the Eye, Ear, Throat and Nose, in the Medical College of the State of South Carolina, Charleston, S. C.

THE operation for the removal of the growths named in the title of this paper has been the subject of much attention and occupies a prominent place in the surgery of the Ear, Nose and Throat. Indeed it is the commonest operation performed by those who are engaged in the practice of diseases of these organs.

I can scarcely hope to add anything new to what has already been written, but a few remarks based on my own experience in several hundred cases may perhaps be of interest and value.

The removal of the Tonsils whether faucial or pharyngeal is a brilliant operation when viewed from the standpoint of the results achieved, whether these may be immediate or prophylactic. Indeed, I do not hesitate to say that it is one of the most brilliant in the whole range of surgery. When the adenoid tissue in the fauces or naso-pharynx is hypertrophied, the operation should be undertaken for the prevention of sequelæ which may legitimately be expected to follow, as well as for the relief of the symptoms actually present at the time. Scarcely any other operation accomplishes so much with "so little risk to the patient or trouble to the operator." In preventive surgery, the naso-pharynx is an especially satisfactory field of work. When both faucial and pharyngeal tonsils are enlarged they may be best removed at one operation, or either may be removed alone, in the same manner as described. The question as to whether to use a general or a local anesthetic depends entirely on the temperament and age of the patient. In adults, cocaine is usually efficient enough, and the growths can be removed at one sitting—a ten per cent. solution of cocaine applied carefully to the fauces and post-nasal space renders the procedure practically painless, and the same may be said of children of an indifferent or courageous disposition.

For removal of the tonsils, I prefer the Mackenzie instrument, as it is the most efficient for the complete removal of the hypertrophied tissue. The instrument should be very sharp so as to cut easily and quickly through the gland; if dull only a small piece is caught and this has to be torn away,

which necessarily increases the amount of bleeding, and makes the operation more painful. I have often seen tonsillotomy done in a bungling manner on account of dull instruments.

With this instrument, firm pressure may be made within, and counter pressure being made by an assistant without, the glands can be be thoroughly and rapidly extirpated, leaving little or no lymphoid tissue behind. A normal tonsil is not visible when looking directly into the pharynx, as it is hidden behind the anterior pillar of the fauces, or palato glossus muscle, and an operation to give the most perfect success should leave the remains of the gland out of sight. When on account of the age of the patient serious hemorrhage is to be feared, I inject into the gland a four per cent. solution of antipyrine and cocaine, in order to produce a more or less complete ischemia. This suggestion was made by Dr. Wagner of New York, some years ago, and I have found it invaluable.

The extract of suprarenal gland which is now used so successfully for the same purpose in intra-nasal surgery might be used in or on the tonsil to advantage. The proceeding alluded to above certainly makes the operation a bloodless one, and I have believed that in many cases the value of its use cannot be overestimated.

The smaller the hypertrophied tonsil the more difficult it is to remove it thoroughly with the guillotine method. After the operation the patient may suck ice and drink cool drinks, but gargling is to be avoided for the first twenty-four hours as it has a tendency to cause gagging and promote the bleeding. After this the throat should be washed with an antiseptic alkaline solution. Occasionally severe pain is experienced for several days after the operation, but as a rule the soreness rapidly disappears.

For the removal of adenoid vegetations, I use only, with very few exceptions, a modification of the Gottstein curette and an O'Dwyer mouth gag—the cutting edge of the former should be very sharp and the space into which the tissue is protruded should be quadrilateral and as large as possible.

The sharp curette is passed behind the palate up to the vomer and then pressing it as firmly as possible against the pharyngeal wall it is swept downward several times. I never fail in this way to bring away with the first sweep of the curette the largest part of the growth.

I rarely examine the space afterwards with the finger, and this I think is especially to be deprecated on account of the danger of infection and because it is unnecessary and retards recovery. In fact I avoid putting the finger into the naso-pharynx even for the purpose of diagnosis—with patience, this can usually, even in children, be made absolute with posterior rhinoscopy. Only in rare instances is it impossible to get a view of the growth in the mirror. If the tonsils are in the way, and prevent a clear view of the naso-pharynx, and the temperament of the child will allow their removal without general anesthesia I remove them first, and then several days after examine for the post-nasal growth and remove it thoroughly if present with or without chloroform, as seems most advisable. Even when chloroform is administered I find the application of a four per cent. solution of cocaine and antipyrine to the naso-pharynx by means of a piece of cotton passed through the nose on the end of a prope of great value in diminishing the amount of hemorrhage which follows the separation of the adenoid vegetations from the pharyngeal vault.

In adults, before the operation ,the nose and naso-pharynx are carefully douched with a mild antiseptic alkaline lotion, but with children, where

any resistance or fright is evident this is dispensed with.

For the adenoid operation alone there is no after treatment until several days after the operation when the use of Seiler's tablets may be begun, as a nasal douche ; any earlier interference only retards the healing process, and perhaps causes some hemorrhage.

I seldom see children or adults until the third day after the operation unless the anxiety of the parents necessitates it.

As a general anesthetic I prefer chloroform, and for the combined or double operation the child must be thoroughly anesthetized, otherwise the introduction of the mouth gag or the pressure of the tonsillotome will arouse consciousness and delay the proceedings.

When the adenoid operation only is to be done very slight anesthesia is necessary as the actual cutting takes only a few seconds.

With children under six or seven I generally prefer to give chloroform, unless they are exceptionally tractable and quiet. With older children and adults I usually do the operation with cocaine unless specially requested to use a general anesthesia.

To my mind the methods described above are the best for the removal of enlarged faucial and naso-pharyngeal tonsils in the vast majority of cases, and at the same time the simplest.

There is usually coincident hypertrophy of both faucial and pharyngeal tonsils but either may occur independently, and then the same principles detailed above apply for the removal of the gland involved.

There are many other methods which the surgeon must have at his command in certain cases but which the limits of this paper do not permit me to describe. The faucial and pharyngeal tonsils when enlarged should invariably be removed, and the sooner it is done the better.

Change of Refraction from Compound Hypermetropic Astigmatism to Compound Myopic Astigmatism—Glaucoma.*

By L. WEBSTER FOX, A. M., M. D., Professor of Ophthalmology in the Medico-Chirurgical College, Philadelphia, Pa.

CHANGE OF REFRACTION.

IN the experience of all ophthalmic surgeons these changes, when met with, are startling, and when they do occur from time to time, we are puzzled as to their cause. I will here report the following case :

Young man, age seventeen years. First consulted me in 1894. Under full mydriasis his eyes were tested and the following record obtained :

R. E. Cyl+0.75 axis 90 20-20
L. E. Cyl+1.00 axis 90 20-20

From time to time he had attacks of retinitis, with intense pain, obliging him to discontinue work for a period of a week or more. When these attacks would occur he would be put on the mixed treatment, that is :

*Clinical lecture delivered at the Medico-Chirurgical College, December 15th, 1899.

Hydrarg. Bichlor..... ..... grain 1.
Potass. Brom.....
Potass. Iodide..... .....a. a. drachm 2.
Infusion Gent. Comp.....ounces 3.
M. Ft.
Sig.—Teaspoonful three times daily.

a form of medication which I have found most efficacious in these cases. Then externally, would employ extensive antiphlogistic measures. Under this line of treatment he would improve; however, he has been free from these attacks for a year.

A short time since he consulted me again, claiming a gradual decrease in vision for distance. Upon examining the eyes, found fundus oculi normal, and under full mydriasis found a great change had taken place in the refraction—instead of the above formula of 1894, which gave normal vision, it required in December, 1899, the following formula to obtain the same result:

R. E. Cyl—0.50 axis 180—20-20.
L. E. Sph+0.50 Cyl—2.75 axis 180—20-20.

a complete change from hypermetropia to myopia; usually these changes do not develop so early, but I attribute the lengthening of the eyeball to the strong electric light, under which he was compelled to work—his vocation being that of a clerk, and obliged to follow this work from 3 P. M. to 11 P. M.

GLAUCOMA.

This is a very unfortunate case and shows you that a little knowledge is a dangerous thing sometimes. I make this remark because, here is a condition which, had it been recognized early, could have been relieved just as positively as that the planer could make that piece of wood smooth by planing. It is the disease known as glaucoma. The word, "glaucoma," was brought into the nomenclature many years ago—the inflammatory variety has been known from antiquity; since the non-inflammatory variety can only be diagnosed by the aid of the ophthalmoscope this second variety in ancient times, came under the head of amaurosis; inflammatory glaucoma being regarded as one of the consequences of gout and was called "ophthalmia arthritica." Von Græfe and Mackenzie were the first to recognize the increase in tension. Mackenzie first attempted a cure by puncturing the cornea, which, however, only gave temporary relief; Von Græfe, in 1856, performed iridectomy for the first time in glaucoma with good results. This discovery will always redound to the honor of Von Græfe, being one of the most important discoveries in ophthalmology—before the introduction of his method of procedure, the disease was allowed to take its course and the remainder of the victim's life was passed in unutterable darkness of night.

In this case there is intra-ocular tension, one of the strong characteristics. There are many theories advanced to explain the origin of this heightened tension. The canal of Schlemm, through which the effete fluids escape, is closed and it is found that the periphery of the iris lies in close contact with the cornea, and thus dams the outlet.

In glaucoma, we have the following symptoms: Increased tension, failing vision, contracted field of vision, media cloudy, excavations of the optic nerve, and pain. Frequently, some of these symptoms are absent. Then, too, the anterior chamber is shallow, rainbow colors around the light,

pupil dilated and sluggish, and if the lens is sufficiently transparent, the optic nerve has a white and atrophic appearance. As a rule, glaucoma attacks both eyes, yet they are rarely affected at the same time; the second eye may not follow for a year or more. The inflammatory variety is a disease found in those of advanced years, usually between fifty and seventy. This variety is more frequently found among the Jews than among Christians.

The intra-ocular pressure is evidenced by pushing back the head of the optic nerve—the sclerotic coat being dense and tough, cannot allow the expansion beyond a certain degree of tension. The tension of the eyeball is graded, one, two and three; in tension one, there is a slight degree of impression; tension two, the eyeball remains round and hard, but at the same time is not nearly as full as in tension three.

In this case there is tension plus three. The touch of an educated finger will be able to ascertain how much fluid is present, if any or not enough. When much, as in the case of this man, it presses against the crystalline lens and demands exit through the anterior portion. After the outlet is closed the intra-ocular pressure goes on and this part of the eye being closed the pressure is on the optic nerve. When you look into the optic nerve, the blood vessels instead of coming out flat with the optic nerve, have the appearance of being curved in. Death has taken place in the 480,000 nerve fibres; the same condition would take place were I to tie a cord around my arm; my hand would die from lack of circulation. He has field of vision for form, not for perspective; he cannot recognize the little square white dot of paper; he counts fingers one foot in the right, six inches in the left. This is not much vision for a man who must earn his livelihood. The primal object of this operation is to save the remaining sight, for it is impossible to restore that which is gone. Then, too, another object is to relieve the patient of the suffering which will surely follow if the disease is allowed to progress.

This is an ideal operation for glaucoma—you see the typical keyhole operation so well described by Von Græfe. The little canal of Schlemm becomes closed by the intra-ocular pressure and we must re-establish this by some means, and the only means we have is by the incision. I follow the operation taught by the late Mauthner. The incision is made well into the sclerotic with a broad keratome, three to four mm. from the corneo-scleral margin and removing, at least, one-sixth of the circumference of the iris. Instead of cutting the iris with one snip of the De Wecker's, three cuts are made—this gives a broad iridectomy and the edges of the iris do not become incarcerated in the lips of the wound. The same precautions are taken with the cleanliness of the eye and instruments as in cataract operations—the dressings are also the same. The object is to allow the intra-ocular fluids to drain off so as to keep the equilibrium of the eyeball and prevent pressure again taking place; in which case the operation would have to be repeated—this has frequently happened. One patient who came to me had an operation performed twenty-five years previously; the operation had produced the desired result until the time she consulted me; upon examination I found she had lost vision on the temporal side, the field of vision was but 10 degrees, and the pressure was destroying the remaining sight.

I failed to say that before resorting to operative measures the patient is treated with eserine, which has a tendency to reduce the intra-ocular tension, and its frequent instillations should be tried—if the disease is not too far advanced it may prove of benefit. This drug is considered the most effectual check that is known for this disease.

Some Practical Hints in Injuries of the Eye.

By DUNBAR ROY, A. B., M. D., Atlanta, Ga., Clinical Professor of Eye, Ear, Nose and Throat Diseases in the Atlanta College of Physicians and Surgeons; Oculist and Aurist to Grady Hospital; Fellow of American Laryngological, Rhinological, and Otological Society; Associate Member of the American Ophthalmological Society, etc.

THERE are times when injuries to the eye must be treated by the general practitioner as well as by the specialist. Force of circumstances often compel us to do many things with which we are not familiar. It is for this reason that I have written these practical remarks to-day. Slight injuries to the eye can be successfully treated by every physician and it is of the ordinary traumatism that I shall speak in this short article.

Many an eye can be saved if the proper treatment is instituted at the very earliest moment and this the general practioner should try to do. I have made a little division in the subject in order to make the points more forcible. We may divide injuries of the eye as follows:

1. Contusions and Lacerations.

The two lids, upper and lower, of the eye are protective, and the muscles which control their action while under voluntary control are also brought into action unconsciously or involuntarily. This is indeed fortunate, otherwise the globe itself would often be irrepairably injured had not the brunt of the force been exploded upon these appendages, as is seen sometimes in inflammation of the globe itself where there is paralysis of the sphincter muscles of the lids.

Hence when there is an impending danger towards the eye the lids involuntarily close for the protection of the globe.

Cuts and contusion of the lids do not differ materially from those on other portions of the body, with the exception that the skin in this region is thinner, looser and, therefore, more liable to cellular infiltration. Swelling of the lid is due to this latter fact and "black eye" is but a practical example. Such conditions of swelling and ecchymosis are not harmful, but as a ruel disappear within a few days and are hastened by a compression bandage. In ecchymosis of the lid, where a speedy disappearance of the discoloration is desired, I have found the painting of the lids three times daily with the following, a most excellent adjuvant:

R Fld. Ext. Ergotae.....
Aquæ.....aa ounce ss.

If the blow upon the eye should cause great cellular infiltration, then an abscess sometimes forms which, when evacuated and a cool antiseptic dressing applied, disappears within 24 hours without any bad results. In lacerations, cuts, etc., of various kinds about the lids, adhesive strips or small sutures can be used with success. If the cut should extend entirely through the lid, then deep sutures into the tarsal cartilage should be taken from without so that they will not act as a foreign body on the inner surface.

Care should always be taken to see that the resulting cicatrix will not produce disfigurement, and this is especially liable towards the outer canthus

where the overlying soft structures are in such close contact with the long prominence of the orbit at that point.

In burns and scalds about the lid the chief danger,of course,is the simultaneous injury of the globe itself, but a remote danger lies in the resulting contractions which follow, producing some form of tropion of the lids. The treatment here is the treatment of burns in other portions of the body, care being taken that whatever application is used will not prove irritating should it get between the lids.

The following ointment has been used with the most safisfactory success:

℞ Acetanilidi..... gr. xx.
Vaselini (alb)..... dram 2.

2. The next injuries to which I will call your attention are those of the eyeball proper.

First and most frequent come the entrance of foreign bodies. These latter consist mainly of cinders, hot or cold, particles of dust, iron or emery, especially with those working in the shops, and various other extraneous substances which sometimes enter the eye. Small foreign bodies lying upon the conjunctiva of the lids or even that of the globe are removed without any difficulty and without cocaine. If beneath the upper lid the latter must be everted, and above all things do this little manipulation with delicacy and not with roughness which is entirely unnecessary. A simple method and one so very satisfactory in the removal of such foreign bodies, consists in tearing off a small strip of newspaper border, rolling it up into a little cone, then allowing one end of it to be moistened in water. Touch now the foreign body with this moistened end; in every case you will find on its removal the foreign substance clinging to the paper.

If on the other hand the foreign body should imbed itself in the cornea then the pain and discomfort is much more severe. If the substance be cold, as for instance, a small particle of dust or cinder, then its removal is simple and likewise the relief instantaneous.

If the particle be emery or hot steel which imbeds itself in the cornea then the pain is much more severe because of the injury done the superficial layers of the cornea. In the removal of bodies from this portion of the eye it is best to use a two per cent. solution of cocaine. If the foreign body be hot when it entered the cornea, especiallly if it be a piece of emery, then there is beside the particle itself an abrasion of the cornea and a deposit of rust at the point of contact. In such cases not only must the foreign body be removed by means of a spud, but the point of removal must be thoroughly scraped until every particle of rust is removed, for until this be done the patient will suffer just as if there had been no removal at all. After the particle has been removed, especially if there be much abrasion of the cornea I always find it best to irrigate the eye with a solution of boracic acid, put in a drop of atropine solution, and close the eye with a bandage for 24 hours. This latter is not always necessary by any means, but you will find in the end it may save the eye from severe corneal inflammation or ulcers at the point of removal. Foreign bodies striking the ball may not imbed themselves in the exterior of the globe, but may even cause a rupture and a consequent penetration into the interior, of course such cases are far more severe and it requires great judgment in the method of treatment even on the part of the experienced opthalmologist.

Such ruptures may also be brought about in severe concussions around

the reigion of the eye, blows upon the ball without the entrance of foreign bodies, as pieces of coal, rocks, flying timber, etc.

Wounds of the eye-ball will, of course, occur just where the globe is struck by the sharp substance, but where there is a rupture from concussion or pressure upon the ball by a heavy body the predilection for the rupture is at the sclero-corneal junction, since microscopical anatomy teaches us that it is here we find the thinnest portion of the walls of the globe. If upon arriving at an injured person we find the lids swollen, particles of dust and cinders around the region of the eye, and the lids tightly closed, either from photophobia or pain and inabitity to voluntarily open them, the first thing to be done is to clean off every particle of dirt by bathing the face and lids with warm, clean, soap and water.

The lids are now gently opened to see if there is any dirt or foreign substances between them, and more especially to see if there are any signs of the presence of a vitreous bead. If pain renders such an examination difficult then drop in a couple of drops of a two per cent. solution of cocaine, which will then enable you to obtain a better view.

You now note whether there is any rupture of the globe, and if so at what point. If in the cornea there is, of course, liability to prolapse of the iris and consequent infection of the interior portion of the globe. If there is no rupture then clean the eye thoroughly with a 1-5000 bichloride solution, drop a little atropine and put on a compression bandage.

If there is a rupture with no prolapse of the iris, then do the same as above, with the exception that if ruptnre is in the periphery of the cornea it is best to use a solution of eserine. The two solutions that I use are as follows:

℞	Eserine.....	gr. ½
	Water.....	dram. 2.
℞	Atropine.....	gr. 1.
	Water.....	dram 2.

If in addition the iris is prolapsed, then the prolapsed portion should be cut off and the above treatment applied. If there is no catarrhal secretion about the eye nothing further need be done than the dropping in of a couple of drops of week atropine solution three times daily, hot fomentations if there is much pain, and the keeping on of a compression bandage. Let me give you just one word of advice, and that is when you have any injury or inflammation involving the cornea never use cold but hot fomentations. The cornea has no blood vessel of its own, but derives its nutrition by imbition from the circum-corneal zone of vessels, hence when you use cold applications you take away from the cornea those factors, viz.: heat and moisture, which are so necessary for its proper nutrition. If the rupture has been made by a foreign substance which has also entered the eye, then the question of enucleation for fear of sympathetic opthalmia will also arise. Or if the wound is in the so called dangerous region, that is three or four m. m. to the outer side of the sclero-corneal junction, then the same question may arise, and even with the experienced ophtalomologist the question of enucleation presents new features with every case. It is impossible here to discuss the question of enucleation, as to when it should be done or its indications, for my remarks to-day will be confined to those conditions which must sometimes be treated by both practitioner and specialist.

I will say this much, however, and that is in the large majority of injuries such as ruptures of the eye and even those of most severe type, enucleation

is often unnecessary if thorough cleanliness and good judgment be exercised from the very start.

Let me illustrate this latter point by giving the history of a patient recently treated: On a Monday morning early a physician telephoned me saying that on the day before a little girl, 15 years old, had been struck on the eye accidentally with a rock, and that the cornea was ruptured clear across, making an ugly infiltrated wound with protrusion of the iris. He remarked that he was fully confident that an enucleation would have to be done and so informed the mother. When the child was brought to my office I found that the condition of affairs very much as my colleague had described. The other eye was also irritable. There was considerable pain and photophobia. The eye was thoroughly irrigated with 1-5000 bichloride solution. Cocaine having been used all portions of the protruding iris were sniffed off, atropine dropped into the eye, and a compression bandage applied. A presciption for an atropine solution (2 gr. to ½ ounce) was given with instructions to drop it in the eye every two hours and between times to keep on thoroughly the compression bandage. No further treatment was used with the exception of hot fomentations to relieve the pain. In one month the eye was perfectly healed with no signs of irritation. No signs of sympathetic irritation in the other eye and, with the exception that the pupil is occluded by inflammatory exudate, there are no signs of future trouble. The lower portion of the cornea is clear, and later I expect to do an iridectomy, thus making an artificial pupil. In the same manner I wish to call your attention to an article read by my friend, Dr. Lewis H. Taylor, of Wilkesbarre, Pa., before the American Medical Association., entitled, "Conservative Treatment of Wounds of the Eyeball," in which he narrates six cases of severe injuries where conservatism was used with the most gratifying results. I believe that many eyes have been unnecessarily sacrificed, and on the other hand many have been lost unnecessarily by delay in enucleation. It takes good judgment sharpened by ripened experience to tell when to operate.

This portion of the subject is exceedingly interesting and for fear of prolixity I shall have to pass on.

Next comes burns and scalds of the globe itself.

The two great dangers in this class are:

(1) Destruction of the cornea and consequent loss of sight.

(2.) Formation of cicatrical tissue in the conjunction and the chance of adhesion between the ball and lids.

Of course large burns, such as we find from the entrance of caustics, as lime, into the eye are by no means frequent as small ones caused by particles of red hot cinders, etc. Sometimes by escaping steam or water from a bursted boiler the whole eye may be very seriously injured and the whole cornea become blanched throughout. We must remember in all such cases that the cornea obtains its nutrition, as has been said before, by inbibition, hence one of the main successes in treatment is the supplying of the cornea artificially with heat and moisture to bring about this reconstructive process. Atropine and melted vaseline should be installed locally. Warm compresses applied over the eye and frequent massage of the lids be made to prevent any future adhesion.

Ulcers of the cornea the result of the entrance of foreign bodies are as a rule benign in character. In other words, if not interfered with their tendency is to heal, but atropine and hot fomentations applied locally are valuable adjuvants.

Changes in the interior of the eye, the result of injuries, are of course, only recognizable by means of the ophthalmoscope.

Severe concussion around the eye may occasion a dislocation of the lens through the rupture of the ligament of Zinn, intra-ocular hemmorrhage, rupture of the choroid, etc , all of which would materially interfere with distinct vision. Hence it is that when no discoverable lesion can be found around the exterior of the eye, and dimness of vision is one of the symptoms we must look by means of the opthalmoscope into some unseen intra-ocular disturbance for a distinct cause.

Grand Opera House.

Foreign Bodies in the Air Passages.

By C. A. MISENHEIMER, M. D., Charlotte, N. C., one of the surgeons to the Charlotte Private Hospital.

THIS accident more frequently happens in children but of course is not exclusively confined to them. As any substance soft or hard, vegetable or mineral, is a foreign body when it invades the air passages, we see at once how useless it is to enumerate them. Often a child has something in the mouth and just prior to gapping, sneezing or laughing, it takes a full inspiration and sucks whatever substance may be in the mouth into the air passages. Spasm of the muscles of the larynx takes place, with distress, anxiety and coughing, and a feeling of imminent suffocation, and sometimes death does result in a few moments from asphyxia. Often a child will get a grain of corn or melon seed or button in its trachea which will be followed by paroxisms of violent coughing, gasping for breath, livid countenance, eyes protruding, and the entire muscular system thrown into a convulsive state for a few seconds or minutes—which seems an age to the poor little fellow, then he recovers and breathes fairly well again, and I have seen these little patients out the next day, playing with the other children and only complainiug of the cough.

But so long as the foreign body remains in the air passages there is always great danger. Pathological changes will take place not only in the tissues surrounding the foreign body but other portions of the bronchi and lungs become involved, and various inflammatory disturbances are set up. The immediate distress is much less if the foreign body is located low down in the trachea or down in one of the bronchi than if situated high up in the larnyx. Often all symptoms remit for a time—so much so as to mislead the attendants, especially if the foreign body becomes fixed low down. This period is one of false security, by which the surgeon must not be put off his guard.

The prognosis is grave for a patient with a foreign body in the trachea. Life is in danger either from the immediate suffocating effects or from more remote inflammatory dangers. It seems from statistics collected on this subject that if the patient escapes death from the first introduction of a foreign body, that the danger is very slight until after the second day, when the inflammatory stage sets in, lasting indefinitely.

Treatment.

There should be no time wasted with emetics, sternutatories, inversion of the body and such like means.

Operate at once and you relieve your patient of the dangers of suffocation, caused by the foreign body playing up and down in the trachea and causing spasm of the glottis. You relieve your patient of this danger as soon as you get the trachea open below the glottis. Then if it should be some small hard substance, by holding the wound open and inverting the patient and slapping the back, the offending body will often be expelled. I append a few cases from my experience giving treatment and results.

Case A. A colored girl, 9 years old, had a pin lodged in her larynx, followed by coughing, aphonia, fever, and considerable emaciation. About three weeks after the accident I did a laryngo-tracheotomy. Did not find the pin, which, however was either expelled during, or subsequent to the operation, as all the symptoms were relieved, and she made a prompt recovery.

Case B. A white girl, 17 years old, had a thimble shaped body from the end of a parasol in her mouth; it escaped into her trachea and about three months later I opened the trachea, but did not get the thimble at time of operation. About three days later she coughed it out at the tracheal wound. From her cadaveric consumptive appearance she made a perfect and uneventful recovery.

Case C. A child, 6 months old, colored, with melon seed in trachea; had only been in about twenty-four hours; did tracheotomy, held the wound open, inverted the child, slapping the back and the seed was expelled, falling on the floor; patient made a prompt recovery.

Case D. A boy, 3 years old; a grain of corn in the trachea; did not operate on this case; patient had a violent fit of coughing on the third day and coughed the corn out.

Case E. E. H., age 6 years, had a small thimble in her mouth, and on taking a deep inspiration, it passed the epiglottis and entered the trachea; patient had tonsillitis for three of four days, then she seemed pretty well for one week, at the end of which she had violent attacks of coughing, which lasted for twenty-four hours, followed by great difficulty in swallowing; emaciation rapidly followed and she had to be fed by means of a stomach tube; the emaciation however continued; two months later the patient was brought to the Private Hospital in Charlotte and the X-ray was used; the foreign body was easily located in the right bronchus. This thimble entered the trachea large end first and although the trachea had a smaller diameter than the thimble, in the fits of coughing the trachea dilated permitting it to slowly pass downward. After this positive demonstration of its presence, a matter which was in some doubt to the parents, the thimble was removed by a tracheotomy; from its long impaction in the bronchus and trachea it had caused some necrosis of the cartilages, and also apparently some disturbance of the pneumograstic nerve as she was unable to swallow anything for several weeks after the removal of the thimble, nor had she been able to swallow anything for six weeks before it was removed. This patient, from her extremely emaciated condition, slowly regained her health and strength and is now a rosy cheeked girl.

Case F. A girl, 12 years of age, came to the Private Hospital with a hat pin two and one-half inches long in the trachea; this pin had been broken and sharpened and used as a shawl pin; the glass bead on the end

of the pin went down foremost; the X-rays showed that the pin lay diagonally across the trachea at the bifurcation, the sharp end having been apparently forced through the right side of the trachea, the head being in the left bronchus; here it was immovably fixed, unless removed by surgical means as the head of the pin would prevent it from working its own way out. When brought to the hospital a week or ten days after the accident occurred she was in an emaciated, distressed condition; tracheotomy was performed and after much effort the head of the pin removed; all attempts to remove the pin itself failed. The removal of the head relieved the most distressing symptoms and the patient could eat and sleep well and seemed to be fairly comfortable; it seemed to be utterly impossible to remove the pin through the small tracheal calibre, hence it was decided to leave this to nature and watch the results. I am glad to say that nature did as usual—performing her part of the work well. The pin safely made its exit in about six weeks between the nipple and clavicle on the right side, the direction in which the point of the pin had started prior to the operation. It caused very little trouble in its progress through the tissues. In fact the patient seemed to experience relief after the head of the pin was removed, gained flesh, could eat and sleep; while she could do neither prior to the operation. Her recovery was complete. I may, in connection with this interesting case, state that by means of a head mirror and a strong light, the head of the patient being drawn well back, it was possible to see a portion of the pin through the tracheal wound.

The results of my operations on very young children for the relief of croup have not been so favorable, the patients all dying about the second or third day after the operation, doubtless from pneumonia, nor can I report better success in operations done for œdematous inflammation of the trachea, caused by either malignant inflammation or by direct contact of corrosives.

Corneal Ulcers.

By W. H. WAKEFIELD, M. D., Charlotte, N. C.

ULCER of the cornea is one of the most frequent affections of the eye which the practitioner is called on to treat. The development of a corneal ulcer is always preceded by a suppurative inflammation of corneal tissue superficially diposed. The spot at which the ulcer develops becomes cloudy owing to the infiltration of the part, and soon, by the breaking down of the most strongly infiltrated portion, a loss of substance is sustained and an ulcer is produced. In a favorable case, only so much of the cornea breaks down during the progress of the disease, as was from the first too strongly infiltrated to live. During the progressive stage of the ulcer, symptoms of intense irritation are usually present, such as excessive lachrymation, intense congestion and decided pain which is augmented by light.

It should not be forgotten that in this stage the iris is liable to become involved in the inflammatory process. Not all cases of corneal ulcers present these irritative symptoms. There is a somewhat rare and dangerous form, termed torpid or asthenic ulcer in which irritative symptoms are slight. On seeing a patient presenting symptoms which when taken in connection with the history of the case would lead you to suspect an ulcerated

condition of the cornea a very careful examination of the entire cornea should be made by means of oblique illumination. This is best accomplished by seating your patient in a *low* chair, in a darkened room, taking your stand behind him and have him lean his head well back. Now, with a condensing lens, focus the rays of light from a lamp held on a level with the eye and about sixteen inches from the side of the patient's head. In this manner you can locate with nice precision all the points of infiltration and also determine whether or not a foreign body be imbedded in the cornea.

[Right here I desire to digress sufficient to lay especial stress on the value of a condensing glass and oblique illumination, as described above and shown in the illustration, in diagnosing superficial diseases of the eye. It is in corneal and iritic disease what the ophthalmoscope is in disease of the choroid and retinæ, but unlike the ophthalmoscope its use is very easily learned. If the use of this inexpensive but *indispensable* aid in diagnosis of corneal and iritic troubles were more general, fewer eyes would be lost. It is often quite impossible to locate a small foreign body lodged in the cornea or to determine the condition of the iris without oblique illumination and the use of the lens.]

In young children it is best to have the little sufferer laid on its back with its head on your knees and its body on the lap of a person sitting opposite. Care must be exercised not to make any pressure on the globe as it is not necessary and will cause pain, besides, if the ulcer be a deep one rupture of its floor may occur. In a short paper it is not possible to even mention all the different forms of corneal ulcer. In my experience, the most frequently observed form is that called phlyctenular, and it is most frequent in children. Photophobia is usually a well marked symptom in these cases, the little sufferer seeking a dark corner of the room or sitting with drooping head and closed eyes; not infrequently the child prefers to bury its face in a pillow or its mother's lap.

Owing to the tender age of many of the patients suffering from this form of disease it is often a difficult matter to obtain even a hurried glance at the cornea, and I have, in a few instances, been forced to administer a general anesthetic before inspection of the eyes could be made.

A drop or two of a *freshly* prepared 4 per cent solution of cocaine mur-

iate is a great aid in making examination. Right here, I wish to protest against the frequent and continuous application of cocaine in these cases for the relief of pain; it does harm.

In the treatment of these cases a drop of a 2 to 4 grain solution of atropine will lessen the irritation. Do not forget that you can administer an overdose of atropine through the eyes. One drop twice daily will keep the pupils dilated unless iritis has supervened.

Calomel and the yellow oxide of mercury are useful. The calomel may be dusted in the eyes while the yellow oxide is best administered in the form of salve, care being taken to thoroughly mix the mercury with the unguent. This is best accomplished by rubbing the mercury thoroughly into a drop or two of sweet oil, then adding the vaseline. I use from ¼ to ½ grain to the ʒ of vaseline. Patients suffering from phlyctenular ulcers require general as well as local treatment. Cod liver oil, fresh air, arsenic, more fresh air, hypophosphites and more sunshine are needed. I desire to raise my voice against confining these sufferers in a dark room. They need fresh air and sunshine, two of the best tonics known. Of course the eyes must be shaded, perhaps closed and tightly bandaged.

Atropine plays an important part in the treatment of corneal ulcer. If pain is a marked symptom, a bandage will not infrequently relieve it by preventing the movement of the lids over the eyes and consequent injury to the nerve ends exposed in the ulcer. Hot applications are of service to allay pain—*hot* not *warm*. A salve made by incorporating five grains of iodoform or aristol with one dram of vaseline is of great service. When placed under the lids the drug exerts its antiseptic action and the salve reduces friction. If the progress is not stayed by these measures, cocainize the eye and with a delicate curette scrape away the infiltrated edge of the ulcer on the side that is advancing. The same parts may be touched by the incandescent electrode, but I prefer the curette first. If perforation be imminent it can often be prevented by thrusting the blade of a cataract knife through the healthy cornea and drawing off aqueous, thus relieving the pressure. In all corneal ulcers the conjunctival sack should be cleansed frequently by flushing with a solution of antiseptics. In the active stage mild agents should be used, later on stimulating drugs are indicated.

[Under the heading of Therapeutic Hints will be found several ℞ of value in corneal ulcers. Ed.]

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Review of Surgical Progress.

By JOHN H. GIBBON, M. D., of Philadelphia, Pa., and HUBERT A. ROYSTER, M. D., Raleigh, N. C.

Skin-Grafting with Dried Epidermis Scales.—Dr. J. L. Wiggins (*Chicago Railway Surgeon*, Aug. 8) reports some results obtained by covering granulating surfaces with epidermic cells from the sole of the foot, a method of treatment described by Dr. J. T. Hodgen in the *St. Louis Med. and Surg. Jour.* in 1871. Dr. Hodgen sprinkled the unprepared epidermic cells over the granulating surface and claimed as good effects as from the application of the ordinary skin grafts recommended by Reverdin. Dr. Wiggins sterilizes the foot by thorough scrubbing (which removes as far as possible the outer layer of epidermis) and by subsequent bathing in strong bichloride solution, after which it is covered with moist boric acid dressing and rubber tissue. After 12 hours the dressing is removed and the surface thoroughly scraped with a dull knife. The cell mass thus obtained is transferred to a mortar placed in a water bath at a temperature of from 110° to 115° and the mass is stirred until thoroughly desiccated. The object is twofold; first, to permit of trituration so as to separate the particles still further, and secondly, to divest them of all moisture so as to promote adhesion to the moist surface of the ulcer.

Dr. Wiggins has used two methods of applying the cells to the granulating surface, and has found each under varying conditions equally satisfactory where the surface was large. One was to cover the entire surface with ordinary rubber tissue perforated with holes at intervals of ⅛ in., the granulations projecting through the holes. The second method consists in marking off a space from ¼ to ½ in. in width around the entire circumference, and sowing this field with desiccated epithelial cells; over these are laid strips of rubber tissue extending half a line beyond the margin of implantation. The centre of ulceration is then filled with strips of gauze, and dressings are applied in the usual manner; this process is repeated until the entire surface is covered. When the surface does not exceed in extent 1½ to 2 in., the grafting may be accomplished without resorting to either of these methods. Dr. Wiggins has seen many cases in which an ulcer measuring 1 in. by 1½ in. was completely covered in 24 hours by a thin white film of organised tissue, which in 10 days made it impossible to distinguish between the old and the new structure.—*Med. Review, England.*

For Chaps, etc.—The *Journal de Medecine de Paris* for December 3, 1899, attributes the following to Vigier:

R	Tannic acid.....	7½ grains;
	Glycerin at 30.....	300 "
	Hydrolate of roses.....	1,500 "

Dissolve. The hands are to be rubbed morning and evening with a few drops of this solution to render the skin supple and disperse the chaps. It is useful for chapped lips.

Review of Medical Progress.

By R. L. FELTS, M. D., Charlotte, N. C.

Smallpox.—(Extract from an address delivered before the Medical and Chirurgical Faculty of Maryland, by Prof. W. W. Keen.) The next disease to which I ask your attention is one which owes its abolition wholly to the physician. In these days, a century after Edward Jenner's memorable inoculation of James Phipps on May 14th, 1796, we can hardly appreciate what smallpox was. A few facts, however, will show its dreadful ravages. Dinsdale, who went to St. Petersburg to inoculate the Empress Catharine, says that 2,000,000 people died in a single year in the Russian Empire from smallpox. In 1707, in Iceland, out of a population of 50,000, 18,000 died. In Mexico, in the sixteenth century, 3,500,000 people died, leaving, in some places, scarcely enough alive to bury the dead. At the end of the eighteenth century, Gilbert Blane estimated that "an adult person who had not had smallpox was scarcely met with or heard of in the United Kingdom." When servants were advertised for, it was common to specify "that they must have had smallpox in the natural way." In 1688, in an advertisement for a counterfeiter, it was noted as a means of his identification that he was "without pock-holes." At the Institution for the Indigent Blind, two-thirds of the applicants were made blind by the smallpox.

It attacked the high as well as the humble. In the family of William III of England, his Queen, Mary, his father, his mother, his uncle and two cousins, children of James I, all died of the smallpox and the king himself barely escaped with his life. During the eighteenth century, one Emperor and two Empresses of Austria, six archdukes aud archduchesses, an elector of Saxony, an elector of Bohemia, a Dauphin and a King of France, a King of Sweden, and a Czar of Russia were all numbered among its victims. So fearful were its ravages, that Bernouilli estimated that 60,000,000 persons died from smallpox in the century the close of which saw the foundation of this very Faculty. Well might Macaulay say: "The havoc of the plague had been far more rapid, but the plague visited our shores only once or twice within living memory. But the smallpox was always present, filling the churchyard with corpses, leaving on those whose lives it spares the hideous traces of its power, turning the babe into a changling at which the mother shuddered, and making the eyes and cheeks of the betrothed maiden objects of horror to her lover." It was "the most terrible of all the ministers of death."

But in 1796 arose the medical David, who was to smite this Goliath. From that time till the present smallpox has been shorn of all its terrors. Very recently, in Jenner's own country, attempts have been made to show that vaccination was useless; that it drove out of the system one vile disorder by introducing another, that it disseminated instead of preventing disease. Were we to grant all that is falsely alleged as to the introduction of tuberculosis and syphilis, even then the benefits it has conferred would out number the evils ten-thousand fold. But, as a matter of fact, the cases in which evil results have followed are few and far between, and by the use of animal virus instead of the humanized and by the proper antiseptic care

in vaccination, which is really a minor surgical operation, all of these ill effects can be avoided.

A few statistics will show the benefits vaccination has conferred. In Sweden, before vaccination, the deaths per million were 2,045. Since compulsory vaccination was introduced they have fallen to 155. In England during the eighteenth century, the average deaths per million were about 2,000. Since the epidemic of 1871-2 and the enforcement of the law for vaccination, the deaths have fallen to 53 per million, and in Scotland they have fallen to eight. In Prussia, before compulsory vaccination, there were 309 deaths per million; in the last ten years, only seven. In Austria, without compulsory vaccination, in the last ten years the average has been 458 deaths per million, and in Belgium without compulsory vaccination from 1875 to 1884, there were 441 deaths per million. In the Sheffield epidemic of 1887-8 of the unvaccinated population, one in twenty died; of those who were vaccinated, one in 1,300.

Another illustration of what havoc a single mild case may work was seen by the epidemic in Montreal fourteen years ago. Among the French Canadians, there was the greatest prejudice against vaccination, so much so that there were even vaccination riots. As a consequence of this prejudice, a large unprotected population grew up and the materials were ready for an extensive epidemic. The soil had been prepared and it only needed the introduction of the seed, which in due time came in a Pullman car conductor from Chicago, February 28th, 1885. Within the next ten months thousands of persons were stricken with the disease and 3,164 died in a city of only 185,000 inhabitants—*i. e.*, one person in every 58 died, besides all those whose lives were blighted by its disgusting relics. Perhaps no more striking proof could be given of the value of compulsory vaccination and re-vaccination than the experience of Germany and France in the Franco-Prussian war. In the German army there were but 261 cases, while in the French army, which was not similarly protected, there were 23,469. Again our Philadelphia Welch (*New York Medical Journal*, March 17, 1894), has shown that among 5,000 cases of smallpox, of 1,412 cases with good vaccination marks, the death-rate was 8.78 per cent.; whereas among 1,759 cases unvaccinated, the death-rate was 58.38 per cent.

And yet, in the face of these well-established facts there are people who declaim against vaccination. Happily, in view of the well-known and almost universally recognized protective power of vaccination, the good sense of the American people will never allow us to go back to the old days of death and disfigurement. Well may Professor Whittaker say: "The most consummate cynic must admit that, up to the present time, Edward Jenner has been the greatest benefactor that the world has ever known." Even the untutored Indians declared: "We shall not fail to teach our children to speak the name of Jenner and to thank the Great Spirit for bestowing upon him so much wisdom and benevolence."—*Philadelphia Medical Journal.*

Symptoms and Signs Suggesting Volvulus of the Transverse Colon Treated by Rotation of the Body.—G. H. Hunter, M. R. C. S., L. S. A., D. P. H. (*Lancet*, August 19, p. 483).—The following cases are of much interest, and the rapid relief of symptoms which followed the treatment is very striking, but the evidence of the presence of a volvulus is by no means sufficient to make the diagnosis certain:

CASE 1.—A man, aged about 27, took some "French purgative pills" at

night. At about 6 A. M., he was found to be lying on his back with his knees drawn up, his mouth drawn down at the corners, his face ashen grey, his lips livid, and with beads of perspiration rolling down his brow and face. The skin was cold and clammy. He said that he had great pain "in the stomach," pointing especially to the right hypochondrium and the upper part of the right lumbar region. The abdominal muscles were rigid, but there was no tympanites. When he tried to inspire deeply, pain pulled the inspiration up short. He was asked to turn on to his right side. When he had turned through an angle of about 75° he fell back on to his back with a sharp cry. He said that the pain was much increased by turning to the right. A volvulus was diagnosed twisted from right to left, and increased in tightness by turning to the right through the loop involved falling by its own weight round its own axis towards the left. To unwind this the patient was told to turn round three times to the left while lying as straight out as he could. This he did, the first time turning with much pain and difficulty, the second time with less of both, and the third time quite easily. On settling on his back again the blood returned in a wave over his face and lips, and after a transient blush his face regained its normal appearance. The pain was "gone." Nothing abnormal could be discovered in the abdomen.

Case 2.—A very fat woman, aged about 60, a multipara, was suddenly seized with severe pain in the same regions as in Case 1. She treated herself with hot turpentine fomentations for three or four hours, without relief. On examination, owing to the extreme obesity, nothing could be discovered except great muscular resistance. She was told to turn herself round in bed three times to the left, it having first been found that a half-turn to the right increased the pain. She did so, when she expressed herself as being "in heaven." The pain had disappeared. Some weeks afterwards the patient had another attack of the same nature. On this occasion the axial rotation, though it relieved did not entirely remove the pain, which eventually yielded to small doses of opium and hot fomentations.

Case 3.—A strong girl, aged 12, was "skylarking and hurt herself." Shortly afterwards she complained of pain in the same regions as in the previous cases. The pain was not severe, but was bad enough to prevent movement. There was not much tenderness on manipulation and no lump was to be felt. The pain and tenderness seemed to be superficial, and it was thought that some of the muscular fibres had been torn. Hot turpentine fomentations and rest in bed were ordered. The bowels acted every other day. On the 10th day the pain increased suddenly. The face for the first time looked drawn but flushed. The temperature was 102° and the pulse 112. A firm, oval lump was felt lying across the upper part of the right lumbar region, tympanitic, but not very tense. The axial rotation from right to left was practiced three times, and the lump became quite soft and dull to percussion, but it did not disappear entirely though the pain ceased at once. On the next day the temperature and pulse were normal, and there was no pain, but the lump was still tender, though much reduced in size. The patient got up on the next day and went to school. Six months afterwards she was quite well and the lump had disappeared.

Case 4.—A stout woman, aged 27, a multipara, took a Seidlitz powder. Shortly afterwards she was seized with "severe cramp in the stomach," and "felt inclined to vomit." About four hours afterwards she looked a little flushed, and the upper two zones of the abdomen were distended by gas, which could be heard as it rumbled about in the bowels. She had brought up a little flatus once or twice, which relieved the pain in the stomach some-

what, and a little flatus had also passed downwards. An emetic of a pint and a half of warm water with a little mustard was given, which acted promptly and brought up a good deal of gas and sticky mucus. This gave great relief. On the next day a large oval and very tightly distended lump was found lying across the upper part of the right lumbar region, extending into the umbilical. Axial rotation removed the obstruction and pain immediately, and when the patient lay back in bed the lump had disappeared.

In all these cases the pain was indicated as being most severe in the upper part of the right lumbar region, about two inches below the tip of the gall-bladder, but in Cases 3 and 4 the obstruction was evidently about the middle of the transverse colon. The practical point in all the cases except in that of the second attack in Case 2 was the instantaneous and complete relief which was afforded from pain, and which was accompanied in the last two cases by the disappearance practically of the swelling. What were these cases? The success of the treatment by rotation strongly suggests the untwisting of a volvulus twisted from right to left, more especially as in Cases 1 and 2 an initial half-turn to the right increased the pain (? by further twisting the pedicle). If this view be adopted, axial rotation in the horizontal position might be employed in cases of sudden and severe pain in the regions mentioned to diagnose the existence of a volvulus. A half-turn first to one side and then to the other, if it increased the pain in one direction and not in the other, would suggest a volvulus, and would point out the direction of the twist, and then rotation in the opposite direction ought to unwind it.—*Medical Review, England.*

Patience.—When the doctor sees his honest efforts go for naught in the popular success of some new and miraculous method of treating disease, he grows weary of working for the good of his kind. On second thought, however, he will recognize that such aberrations of popular judgment are only natural expressions of the human mind, to be gently dealt with as he would deal with the unattainable longings of a child.

For such popular follies two remedies suggest themselves: Enlightenment of the general public in pathology; general acceptance of scientific medical opinion as oracular. It is difficult to see how either of these remedies could be realized; nor does it seem that either is to be desired. Popular acquaintance with pathology would but increase human suffering by augmenting the growing number of imaginary invalids. Too intimate acquaintance with the possibility of disease would be quite as productive of it, as would absolute ignorance of hygienic laws.

Would blind faith in scientific medicine and the scientific doctor be any better? We think not. Enlightened and progressive as we are proud to say modern medical science is, we should think twice before placing the physician over mankind as an infallible guide in health and disease. It is not for us to wish to arrogate to ourselves the place science forces ignorance to assume. The leader of any popular "ism" of to-day has only installed in the niche from which the physician was coaxed by science now some centuries ago. Physicians once were demigogs with supernatural powers, depending for success on the vagaries of popular ignorance. To-day their success rests on the broad and everlasting foundation of truth. No, the halo of infallibility is not sought by the scientific physician; he is too well aware of the possibilities of human error.

Let us be patient then with popular medical errors, knowing that founded on ignorance they must ultimately crumble with ignorance, leaving,

if there were any, the grains of truth behind, to be incorporated in the great structure of medical truth on which we are all working as modest day laborers.—*Editorial Medical Review.*

The Sanctity of Professional Confidence.—It is hard for us in this country, where the law not only upholds the sanctity of professional confidence, but absolutely makes its breach punishable, to grasp such a conditon of things as is evidenced in the *Lancet* for November 18th as having occurred at Southpost in England. An infant having been found dead, and medical evidence showing that it had had a separate existence and that its death was due to exposure, the chief constable saw fit to address a letter to the local medical men, informing them of the facts, and adding: "As it is not unlikely that the mother may be requiring medical attention, I should be obliged, should any suspicious case come under your notice, by your communicating with me at once." A conference of medical men was thereupon called, and a protest was framed against this objectionable notice, which in this country would be held not as an incitement to aid in the discovery of crime, but as an incitement to crime itself. The deputy coroner and the jury, however, indorsed the constable's action and condemned the protest of the profession, the coroner being of opinion that "the medical gentlemen of the borough should have been anxious to assist the prosecution." The *Lancet* very naturally supports the profession by pointing out that if medical men were to become state spies, patients would refuse to seek professional aid, and many lives would be jeopardized thereby. The further and personal objection urged by the *Lancet*, that the medical man, by communicating his suspicions to the police, might make himself the object of unjust opprobrium, and, if mistaken, subject himself, moreover, to loss of professional prestige and to serious monetary reprisals, seems to us an unnecessary and unworthy addition. The point of view taken by the authorities is brutal and unworthy of a civilized country—and that consideration alone should be reason enough. *N. Y. Medical Journal.*

Dyphtheria and Anti-Dyphtheritic Serum.—A. J. Tonkin, (*Lancet*, 1899, No. 3973), after a most careful analysis of 200 consecutive cases of diphtheria treated by antitoxin in the Monsall Fever Hospital, Manchester, draws the following conclusions:

1. The general mortality rate is reduced. The mortality for cases treated during the first three days of illness is reduced to about 3 per cent., and that for all other cases to about 12 per cent.

2. Laryngeal cases treated early are markedly affected for the better, the death rate being very considerably reduced.

3. The tracheotomy mortality is very much lessened.

4. There is less need for tracheotomy if treatment be begun early.

5. All ages and both sexes are equally affected.

6. The chances of nephritis are lessened.

7. When treatment is begun early albuminuria may not appear, will probably not be severe, and will disappear soon.

8. Paralysis is lessened for cases treated on the first and second days of the illness. The paralysis mortality is much reduced. Extension of disease to the larnyx and parts below was not noted after injections of antitoxin.

9. The only disadvantage noted after its use was a slight discomfort for a few days from urticarial rashes and pains in the joints in a small percentage of the cases. The conclusions arrived at may be taken as a plea for early diagnosis and early antitoxic treatment.

Eye, Ear, Nose and Throat Department.

By W. H. WAKEFIELD, M. D., Charlotte, N. C.

Middle Ear Suppuration.—In a clinical lecture, published in (*The New York Med. Journal*), Dr. John F. Oats, of Chicago, says, in part:

In one group of cases, suffering from chronic suppuration of the middle ear, the chronicity is influenced by a morbid condition of the nose and post-nasal space and is largely due to simple retention of secretions.

In another group the chronicity is due to hypertrophy of the mucosa, granulations and polyps, eventually involving the periosteum in the process. The object of treatment is, *first*, to secure and promote asepsis; *second*, to insure free drainage; *third*, to remove the cause of chronicity.

In promoting asepsis the ear is syringed with a warm sterile solution of antinosini. Politzerization should precede and follow the use of the syringe. The ear should then be mopped with wisps of absorbent cotton and alcohol fifty to ninety per cent, is applied, ten to twenty drops, and left in the ear five to ten minutes, after which the ear is again dried and boric acid and nosophen, equal parts, is blown in the canal, which is then loosely packed with gauze.

This is spoken of as the "wet treatment", in contradistinction to the "dry treatment," which is the same, minus the syringing.

The wet treatment may be used as a routine preliminary except when there is evidence of desquamation process, indicating the presence of cholesteatoma, in which case watery instillations are injurious. The treatment under these conditions is carbolized glycerine 1 to 10. After removal of the cholestestoma redevelopment may be prevented by the use of five per cent. of boric acid in a fifty to ninety-per-cent. solution of alcohol. If granulations persist they must be removed by means of the snare or curette, or by perchloride of iron, or by the persistent use of alcohol drops.

If caries or necrosis be present more radical surgical measures will be indicated.

Methylene Blue Applied to Nose and Throat.—Dr. Charles Moir in (*Am. Practitioner and News*), Dec. 1899, advises the use of this agent in tonsillitis and nasal catarrh, and reports a few cases illustrating the character of the cases in which he has found the drug useful.

A man, 38, subject to tonsillitis, followed by attacks of rheumatism, both tonsils and pharynx covered with tenacious muco-purulent exudate, very foul odor, tongue furred, uvula elongated, constant attempts to clear the throat, deglution very painful, bowels constipated.

Treatment: Used peroxide spray to remove the muco-purulent coat, then applied with mop methylene blue solution, 3 grs. to the oz. of water; $\frac{1}{8}$ gr. morphine and $\frac{1}{300}$ gr. of atropia. Bowels were kept open with compound cathartic pills, and two grains of methylene blue were given three times daily. In one week all symptoms had disappeared.

Another case is reported: Boy, 19, complaining of nasal catarrh and frontal headache. Nasal passages very much obstructed by the turbinate bodies, mucus membrane pale and covered with dry crusts; patient anemic; typical mouth breather.

Treated by peroxide spray in nose, followed by four-per-cent. solution of methylene blue, tonic of arsenic and strichnia. In two weeks the patient was discharged, apparently well. The cases are reported to illustrate the pus-destroying property of methylene blue, and its value internally in rheumatism.

Nasal Obstruction may be caused by enlarged turbinals, polypus, deflected or thickened septum, hypertrophed mucus membrane, adenoids, etc. From whatever cause its effect on the ear is frequently disastrous. Hearing is often impaired and an unpleasant "stopped up" feeling is experienced. In this condition, inflating the ear does little good, since the cause remaining, the effect returns. Mouth-breathing with its resultant sequela is often induced. Other results are the retention of the secretions and fetor due to their decomposition, the gases thus formed, in turn irritating the mucus membrane, causing greater turgesence and thus increasing the stenosis.

The treatment is thorough cleansing. Dr. Randall suggests the sponging of the nasal cavity with some solution such as that of menthol and camphor and the insufflation of a small amount of calomel over the naso-mucal surface. It must not be forgotten that in many of these cases, other obstructive lesions, requiring operative interference are present.

Beta-Eucain as an Anesthetic in Eye, Nose and Throat Work.—Dr. Wm. H. Poole, Detroit, Mich., read this paper, in which, after reporting a series of cases in which this agent was used, he drew the following conclusions:

1. Eucain is decidedly less toxic than cocaine, therefore superior to it.
2. Its aqueous solutions keep well and can be sterilized by boiling without destroying the activity of the drug.
3. It produces anesthesia equally well and sometimes better than cocaine.
4. It is superior to cocaine, in that it causes no heart depression or other unpleasant systemic effects.
5. It causes no mydriasis, and no disturbance of accommodation, which is an advantage in some cases.
6. It is less dangerous to the cornea than cocaine, inasmuch as it does not cause a desquamation of the superficial epithelium.

A New Anesthetic from which excellent results have been obtained, was described in a recent issue of the *Journal of the American Medical Association.* It consists of a chemical compound of chloroform, acetone, and caustic potash, and is known as chloretone. Those who have experimented with it show that it does not weaken the heart, as the coal-tar products are suspected of doing, while on the other hand it exercises no disturbing influence on the digestive organs, which makes it preferable to opium derivatives.

A General Antidote for Poisons.—Borate of sodium mixed with milk is said to be the best general antidote after the stomach has been emptied. For vegetable poisons permanganate of potassium in one-per cent. solution. For carbolic acid, vinegar. This is said to act well also externally.—*Medical Record.*

Book Reviews.

The Literary Digest, January 27th, contains several abstracts of able papers on the war in South Africa, illustrated by portraits of "men who have met the Boers."

"Did Senator Hoar Cause the Philippine Rebellion," is the subject of numerous extracts that well repay perusal.

"Gambling Employees and the Surety Companies," receives due attention.

Dr. J. H. Kellog's article in Good Health, dealing with "How to Catch Cold," should be of especial interest to doctors. Along the same line is the item, "A New Cure for Alcoholism," being short notes on a paper recently read before the Paris Academy of Medicine in which its authors set forth the merits of a serum prepared from the blood of a horse. Verily this a day of serums.

The religious world is represented by "Present Drift of Bible Study"; "The Future of Presbyterianism"; "Discovery of Bones of Buddha"; "Is Immortality Conditional," etc.

Scribner's for February contains in part: "The Opening Period of the Boer War," by H. J. Whigham, who is accompanying the Modder River column.

Theo. Roosevelt's second chapter on the career of Cromwell deals with the "Long Parliament and the Civil War."

The opening instalment of "Tommy and Grizel," Mr. Barrie's great serial.

Two articles of special significance at this time are: "The Social Life of Havana, by Mayor T. B. Mott, and "The Problems of a Pacific Cable." by Howard Laws Webb.

The fiction includes a tale of the Reconstruction Period in middle Georgia, by Joel Chandler Harris, and a powerful story by William Allen White, entitled "The Mercy of Death," which has to do with the career of a Western Senator at Washington.

Lea's Series of Pocket Text-Book. Histology and Pathology. By JOHN B. NICHOLS, M. D., Demonstrator of Histology, Medical Department Columbian University, and F. P. VALE, M. D., Assistant in Pathology, Medical Department University of Georgetown, Washington, D. C. In one handsome 12mo. volume of 452 pages, with 213 illustrations. Cloth, $1.75 *net.* Flexible red leather, $2.25 *net.* Lea Brothers & Co., Philadelphia and New York.

This volume presents compactly, clearly, authoritatively and at a very moderate price, the essentials of two important subjects which illuminate each other. The normal structure of the tissues is a standard by which morbid changes can be recognized and measured. Pathology steps in after Histology, and regarding each disease as an entity, describes its nature, signs, course and effects, thus yielding an understanding indispensable as a prerequisite to the practice of medicine. Doctors Nichols and Vale have summarized these two sciences in their inter-relations, and have presented a manual which is handsomely illustrated, thoroughly up-to- date, and serviceable alike to the practitioner and the student.

USEFUL PRESCRIPTIONS.

A Spray for Pharyngitis Sicca.—The *Riforma Medica* for October 20, 1899, attributes this formula to Blake:

℞ Carbolic acid..... 60 grs.,
Tincture of iodine..... 7½ "
Tincture of aloes..... 6 "
Tincture of opium..... 10 drops,
Glycerin ..... 750 grs.
M. To be applied several times a day.

—*New York Medical Journal.*

For Chronic Nasal Catarrh.—

℞ Sodii bicarbonatis.....
Sodii boratis..... aa. viii grs.
Extracti pinus canadensis fluidi..... m. xv,
Glycerini..... f℥ii,
Aquæ ..... q. s. ad. f℥iv,
M. Sig Use in atomizer three times a day.

For Laryngitis.----

Tincturæ aconiti..... m. xii-xxiv,
Sodii bromidi..... ℥ii,
Syrupi lactucarii..... f℥i,
Aquæ ..... q. s. ad. f℥iii,
M. Sig. Dessertspoonful every hour, for 6 or 8 doses.

And a spray as follows:----

Sodii chloridi..... xv grs.,
Acidi borici.....
Sodii boratis..... aa. x grs.,
Aquæ rosæ..... f℥iii,
M. Sig. Use as spray.

—*Pennsylvania Medical Journal.*

Acute Rhinitis.---

Atropia sulph. ..... 1-90 gr.,
Ipecac..... 1-3 "
Peppermint water ..... 1 ℥ m.,
Give 1 small teaspoonful every hour for 8 doses.
—Miller in *Southern California Practitioner.*

Powder in Acute Suppuratitivi Otitis.---

Sodii bicarb..... } aa. 1 gr.
" Biborat..... }
Amyh..... 1-3 gr,
Acaciæ..... 4 "
Nosophen..... ad. qs. 1-2 ℥
Blow some in ear after cleaning of pus.

Ophthalmia Neonatorium.---

Protargol..... 20 to 60 grs.,
Aqua ..... 1 ℥ m.,
Put 6 to 8 drops between and under lids twice daily.

Iritis.---

Atropia sulph. ..... 4 grs.,
Aqua pura..... 1 ℥ m.,
Put 1 drop in eye 3 to 6 times daily, until adhesions break up, then only 3 times daily.

Lotion for Simple Conjunctivitis, Corneal Ulcers.---

Acid boric, c. p. ..... 50 grs.,
Sodii chloridi ..... 20 grs.,
Aqua camphor..... ½ ℥,
Aqua pura (or rosæ) ad qs. ..... 4 ℥ m.
Put from 5 to 20 drops in eyes from 3 to 24 times daily, according to needs of the case.

A Few Don'ts in Vaccination.—1. *Don't prepare the site by washing with antiseptic solutions.* Or if this is thought necessary—

2. Don't fail to rinse thoroughly with sterilized (boiled) water and dry.

3. *Don't draw blood if you can help it. A gentle oozing of serum gives much better results.*

4. Don't fail to *rub the vaccine thoroughly and persistently into the abrasion.*

5. Don't replace the clothing *until the vaccine is thoroughly dry.*

6. Don't apply antiseptic dressing. (Many of the most successful vaccinators never use any dressing except in cases where there is danger of infection from the environment or uncleanliness of the patient.)

7. Don't expose vaccine to extremes of temperature. High temperature spoils it.

8. Don't expect to find a swollen arm, indurated glands, high fever and a suppurating ulcer—these belong to the old-fashioned means and methods of vaccination.

9. Don't accept the word of the patient or parent as to the success or failure of the process. Examine the case yourself, and if you find a typical vesicle—or the remains of one or more that may have been ruptured and emptied—assure the patient that he is protected against smallpox.

10. Don't be in a hurry about passing judgment upon a "take." Sometimes the vesicles are delayed in their development.

Vaccination.—Editorial in *Cleveland Journal of Medicine*, December, 1899.—A most amusing absurdity threatens to occur in a town *not* far from Cleveland. The health officer of the town has been so unfortunate as to experience a large proportion of unsuccessful vaccinations. He attributes this to the poor quality of the virus that he has employed, although other physicians in the same town, using the same make of virus bought from the same drug stores, have experienced successful results. In order to show his authority, his contempt for the opinion of his professional brothers, and his detestation of the fraud that he alleges has been practiced upon him, he now asserts that he will sue for damages the druggists who sold the virus, and that he will compute damages at the rate of 75 cents for every unsuccessful vaccination. Beyond making himself additionally ridiculous, it is difficult to see any result that he may achieve from this procedure.

Vaccine is a perishable commodity and care in its employment is imperatively demanded if successful results are usually to be attained. Experience suggests that probably a vaccination may fail in a susceptible subject, if the area of operation is cleaned with a strong antiseptic, for the virus will not stand contact with an antiseptic. Many failures are also due to lack of care in storing the vaccine in the drug store. The glycerinated virus, which is undoubtedly the best, should always be stored in a cool place, for even at so moderate a temperature as 70° F., it may become spoiled. Then of course the virus must be fresh, as it deteriorates with time. Another possible source of failure to secure a positive result from vaccination lies in the method of dressing the wound immediately after the operation. Undoubtedly an antiseptic dressing applied too soon may destroy the activity of the virus. Yet the glycerin is so slow in drying that the operation would be made too tedious by waiting until the virus had dried sufficiently to warrant the application of a protective dressing.

The safest technic for vaccination seems to be about as follows: Scrub the the arm thoroughly with soap, brush and hot water; dry it with a clean towel; after applying the virus to the wound, place around it a perforated piece of one-quarter inch gummed felting that will keep from contact with the wound the overlying surgical dressing. As this ring is not usually very comfortable, it may be removed in a few hours, and the vaccination wound simply covered with a clean, protective dressing. With this technic and with vaccine from a reliable laboratory, not many failures will occur among susceptible cases.

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NERVE STIMULANTS.

Pil. Caffeine Cit. 1 gr.
Dose 1. 40c per 100.

Pil. Phosp. cum Bellad.
℞
Phosphorus 1-100 gr.
Ext. Bellad, 1-8 gr.
Dose 1 to 2. 50c per 100.

Pil. Ext. Ignatia Am. 1-4 gr.
Dose 1 to 2. 30c per 100.

NERVE TONICS.

Pil. Assafœtida Comp.
Assafœtida 2 grs.
Ferri Sul. Exic. 1 gr.
Dose 2 to 3. 25c per 100.

Pil. Assafœtida 2 grs.
Dose 2 to 4. 20c per 100.

Pil. Sumbul Comp.
℞
Ext. Sumbul, 1 gr.
Assafœtida, 2 grs.
Ferri Sulph. Exsic., 1 gr.
Acid Arsen. 1-40 gr.
Dose 1 to 2. $1.00 per 100.

NEURALGIA.

Pil. Neuralgic (Gross)
℞
Quinin Sulph. 2 grs.
Morphin Sulph. 1-20 gr.
Strychnin. 1-30 gr.
Ac. Arsenious, 1-20 gr.
Ext. Aconiti, 1-2 gr.
Dose 1 to 3. $1.00 to 100

Pil. Neuralgic (1-2 size.)
(Dr. Gross.)
Dose 1 to 3. 60c per 100.

Pil. Neuralgic.
(Brown Sequard)
℞
Ext. Hyoscy. 2-3 gr.
Ext. Conii. 2-3 gr.
Ext. Ignat. Am. 1-4 gr.
Ext. Opii. 1-2 gr.
Ext. Aconiti 1-3 gr.
Ext. Can. Ind. 1-4 gr.
Ext. Stram. 1-5 gr.
Ext. Bellad 1-6 gr.
Dose 1. 90c per 100.

SOPORIFICS.

Pil. Hyoscyamine 1-100.
Dose 1. 45c per 100.

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Dose 1 to 2. 50c per 100

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Therapeutic Experiences and Suggestions.

The object of this department is to afford the profession an opportunity to discuss, pro and con, the newer therapeutic agents.

Neurotic Lithemia.

By CHAS. F. CRAIG, M. D., Danbury, Conn.

The relation of uric acid to diseases of the nervous system is a subject which has received but very little consideration, although it is a most important one. There can be no doubt but that uric acid has an irritant action upon nerve tissue and that its deposition in the body is followed, in many cases, by symptoms which can only be referred to such action. There is a large class of cases in which the uric acid diathesis is manifested almost entirely by clinical phenomena resulting from the injury done to the nervous system by the retention within the body of this agent, and as there is no account of this class of cases in medical literature, a short description of their characteristic symptoms may be of value.

All cases of the uric acid diathesis present some symptoms arising from the nervous system, but we will consider here only those cases in which the nervous symptoms predominate, *i. e.*, only those which would be classed as cases of nerve disease. Among the many symptoms complained of by these patients are vertigo, tinnitus aurium, persistent insomnia, neuralgia of various nerves, spinal irritation, vaso-motor disturbances and general nervousness.

Hysterical and epileptiform convulsions have been observed by some authorities, and melancholia, associated with dilusions and suicidal impulses, has also been observed.

Very many patients suffering from the uric acid diathesis complain of vertigo, tinnitus aurium and insomnia. The vertigo is generally noticed only when the sufferer moves about, or changes position suddenly, when it may be so severe as to cause falling. It is generally accompanied by vaso-motor phenomena, such as a flushing of the face and a sense of congestion in the head. Rarely the vertigo is noticed when the patient is sitting or standing quietly, objects around seeming suddenly to swim slowly before the eyes.

Tinnitus aurium, aside from any disease of the ear, is of frequent occurrence, being generally accompanied by a sudden dilatation of the blood-vessels of the brain and occurring at irregular intervals. The noises heard vary from a slight buzzing to a roar and some patients complain of temporary deafness in the ear affected. One of the most common symptoms spoken of by this class of patients is insomnia, varying in severity, but always troublesome and always accompanied by great general nervousness. One has but to converse with such a patient for a few moments to become convinced that the nervous system is profoundly affected, for the twitching hands, the unsteady eyes, the alternate flushing and paling of the countenance and the general air of "uncomfortableness," evidences this fact very clearly. Vaso-motor phenomena are very prominent in these patients and examination of the urine will always reveal large amounts of calcium oxalate crystals and decreased elimination of urates. The insomnia is invariably relieved by treatment which eliminates the uric acid from the system.

Neuralgia, affecting various portions of the body and ranging in severity from a dull ache to the most severe boreing and darting pains, characterize the majority of cases of what may be called "uric acid neuroses." The pain varies with the varying amount of uric acid eliminated, disappearing when elimination approaches normal and becoming more severe as elimination is interfered with. Almost every uric acid patient will complain of a certain amount of pain, but where the nervous system is chiefly affected the neuralgia is more severe and persistent.

Of the more severe nervous manifestations of the uric acid diathesis such as the symptoms attending spinal irritation and hysterical and epileptiform convulsions, little can be said, as the cases reported are few in number and the data given very imperfect.

One of the first clinical signs to strike the attention in these cases is the marked mental depression, verging almost into melancholia. The "world looks blue" to the patient, and he is troubled by vague forebodings and is unable to see a bright side to anything. So marked in some cases is this that suicide is even contemplated, as life seems to have lost all of its former sweetness and pleasure. No amount of encouragement or argument will in the least change or lessen the patient's gloomy views and it is only when the system is properly rid of the irritating uric acid compounds that any improvements can be looked for.

Regarding the treatment of the "uric acid neuroses" it may be said that it is substantially that of the uric acid diathesis in general. Plenty of outdoor air and exercise, some labor or duty which will absorb the attention, thus preventing any morbid introspection, and the restriction of the diet, as laid down in our numerous treatises upon medicine, will with the help of certain medicinal measures, relieve and cure the existing condition.

Medicinally, we strive first of all, and most important of all, to aid the system in eliminating the uric acid formed. For this purpose no remedy we have has stood so successfnlly the test of experience as lithia, for the reason that the combination of lithia with uric acid results in the formation of a lithium urate, which is the most soluble of all the urates. In Thialion, a combination of lithium with a laxative salt, and which has recently been added to our therapeutic resources, we have a most powerful solvent of uric acid and also an efficient laxative, which adds greatly to its value. Its use in the uric acid diathesis is always followed by the most beneficial results, as the following cases will illustrate.

John B., æt. 30, a laborer, came to the author complaining of insomnia, occipital headache, attacks of vertigo, loss of appetite and general restlessness and nervousness. He also complained of soreness and aching in the deltoid and biceps muscles, and also in the muscles of the thigh. His work, that of a truckman, was not heavier than usual, nor did it seem to fatigue him more than it had done for months. His general appearance was good, save that he showed the lack of sleep and seemed very nervous and irritable when talking. He said that he had not slept more than two or three hours a night for two weeks. His habits were temperate in every respect. Examination of his urine showed a specific gravity of 1.036, strong acid reaction, and a heavy sediment consisting almost entirely of calcium oxalate crystals and urates. His bowels were habitually constipated.

He was put upon teaspoonful doses of Thialion in hot water after each meal for three days, and then the same dose morning and evening and told to report in two weeks. He also received directions concerning his diet. At the end of two weeks he reported as considerably better, his sleep being

much improved, but being still troubled by headache and vertigo. The same treatment was persisted in for two weeks longer, at the end of which time he reported that he was sleeping soundly all night long, his headache and vertigo had ceased and his bowels were regular.

Mr. H., American, aged 42, weight 210 pounds, married, consulted me about nine weeks ago, with the following symptoms: For a long time he had suffered from insomnia, together with great irritability. Usually a delightful man in his family, he noticed himself, as did his wife also, a gradually increasing irritability. On the slightest provocation and sometimes on none at all he would break out in seemingly uncontrollable fits of passion. He became exacting and fault-finding to such a degree that living with him became a burden.

He complained of pain down his back with points of tenderness in the lower part of the spinal column. Had fits of despondency and loss of sexual desire. The bowels were fitful in their action, constipated for a week, and then loose for a day or two. Tongue coated in the morning, with capricious appetite. Urine high colored, specific gravity of 1.026 and deposit of brick dust in the vessel after standing, which it was found difficult to remove. Inability to work, especially mental effort, was noticed and being fond of using the typewriter, he found himself striking off the wrong keys, using the wrong words in trying to express himself. At times he had a shuffling gait.

These symptoms continued, gradually growing worse, till the consultation mentioned above was held. My first desire was to clean his system out of the uric acid and regulate his diet. I commenced giving him a teaspoonful of Thialion dissolved in a teacupful of hot water three times a day before meals for three days. This had the desired effect of cleaning out the bowels thoroughly and starting the bile in its natural channel.

Diet restricted to fresh vegetables and cereals, no meat allowed for a week. Then Thialion was given every morning on rising in the same dose and also 1-20 grain of strychnine was directed to be taken three times a day. At the end of the week the bowels continuing loose, the dose of Thialion was reduced to one-half teaspoonful. He was allowed the ordinary food at the table, but smoking and drinking were tabooed. Improvement at this time was marked. The general symptoms gave way and at the end of two and one-half months of the Thialion treatment he had entirely recovered. In this case the nervous phenomena were markedly prominent and there is no question that when he first consulted me his condition was critical. At this date, June 1st, he says he is entirely well.

An Important Pamphlet.—Battle & Co., of this city, have just issued a most interesting booklet with the title "Blood Dyscrasia." If any reader of this journal has not recieved a copy he will do will to send for one since he well find convincing evidence of the usefulness of Ecthol—the new antipurulent—in checking the tendemcy to "break-down" in the tissues, fluids and corpuscles. It is useful wherever there is dyscrasia of the secretions, or where blood poisoning or tissue disintegration exists: in typhoid or morbific fevers, erysipelas, diphtheria, carbuncles, boils, gangrenous wounds, ulcers, abscesses, and all other cachetic conditions of the system and pus formations. Its usefulness as a local application for stings of insects, bites of suckers, blotches, pimples—all pustular conditions as well as fresh cuts—is well attested. It is certainly a remedy worthy of extensive use.

A Favorite Medicine With the Boers.—At the meeting of the American Medical Association, held at Washington, D. C., Dr. John H. McIntyre reported "The Selected Cases of Laparotomy, with Remarks." From this paper, published in the "Journal of the American Medical Association," we quote as follows:

"I use but little opium or morphia, for the reason that these drugs, by locking up the secretions, limit the power of elimination, and therefore favor septicæmia. For over a year past, in cases of laparotomy where pain and rise of temperature were present, I have used antikamnia in ten-grain doses, with the happiest effects."

A further objection to opium and its derivatives is referred to in an article by Dr. Herman D. Marcus, resident physician Philadelphia Hospital, (Blockley), published in "Gaillard's Medical Journal," from which we quote: "There is probably no group of diseases in which pain is such a prominent and persistent symptom as uterine or ovarian disorders, and in no class of cases have I been more convinced of the value of antikamnia than in the treatment of such affections. An obstacle in the use of morphia is the reluctance with which some patients take this drug, fearing subsequent habit. Antikamnia causes no habit, and I have never found a patient refuse to take it."

An Interesting Experiment.—At a meeting of the Western Surgical and Gynecological Society the last week of December, an exceedingly interesting incident took place. In 1870, Messrs. William R. Warner & Co. filled an order for pills for Messrs. Chilcote & Cook, of Washington, Iowa. One of the bottles being still on hand it was forwarded to Dr. Wilton McCarthy, of Des Moines, Iowa, to test the solubility of the pills, which he did before the above mentioned society. The following correspondence explains the results:

DES MOINES, Iowa, January 1, 1900.

WM. R. WARNER & Co:

I am pleased to inform you that the pills which were made by your firm in 1870, and sent to me by Chilcote & Cook, of Washington, Iowa, were tested as to their solubility at the meeting of the Western Surgical and Gynecological Society, held in our city last week. They were readily soluble in water at a temperature of 100°, and were completely disintegrated at the expiration of fourteen and a half minutes.

Respectfully, WILTON MCCARTHY, M. D.

Make a Note of This.—It is a matter of common observation that many cases of bronchitis will persist in spite of the continued, varied and judicious use of expectorants. "The cough," says one prominent physician, "hangs on harrasses the patient with its frequency and severity, and is exceedingly liable to recur every winter—to become a regular 'winter cough'—with its sequelæ of emphysema asthma and, ultimately, dilatation of the right heart."

Dr. Milner Fothergill, of London, insisted that cough of this character is due to lack of tone, not only in general system but in the blood vessels of the bronchioles. This authority demonstrated that the only successful method of treating this form of cough is by means of appropriate systemic and vascular tonic medication. It is particularly in this class of cases that Gray's Glycerine Tonic Compound has gained a most enviable reputation. This remedy, which is a most palatable and agreeable one, not only has a selective tonic and anti-phlogistic action upon the respiratory mucous membrane, but it removes the ever-present element of systemic depression. The beneficial effects of Gray's Glycerine Tonic Compound even in rebellious cases, are invariable and most pronounced.

FOR PAIN – NO
MATTER WHAT KIND
OR WHERE — IN
MAN OR WOMAN
DOCTOR:—SEND US YOUR CARD—YOU'LL NOT REGRET IT!
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Contains the Essential Elements of the Animal Organization—Potash and Lime

The Oxidising Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorous, the whole combined in the form of a Syrup with a **Slightly Alkaline Reaction.**

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products. The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, ***finds that no two of them are identical,*** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, ***in the property of retaining the strychnine in solution,*** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. ***Fellows.***"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to

MR. FELLOWS, 48 Vesey Street, New York.

When writing, mention the Carolina Medical Journal.

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A skilfully prepared combination of the five active agents of digestion, combined in the same proportion as they normally exist in the human organism—Lactopeptine does more and better work than pepsin or pancreatin alone or any other combination of digestive agents.—THE NEW YORK PHARM. ASS'N. Yonkers, N. Y.

Liquid Peptonoids

A nourishing peptogenic liquid food, containing the peptones of beef, milk and gluten, perfectly digested and ready for immediate absorption.—Of special service in the feeding of fevers, in the gastro-intestinal disorders of children, impaired digestion and in convalescence.—THE ARLINGTON CHEM. CO., Yonkers, N. Y.

Hemaboloids

A combination of the various iron-bearing nucleo-albumens of the vegetable kingdom, reinforced by bone-marrow extract, beef peptones and nuclein—A rational blood enricher of special service in anæmia, chlorosis and all impoverished conditions of the blood and tissues.—THE PALISADE MFG. CO., Yonkers, N. Y.

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in cases of obstinate bronchitis and respiratory catarrh. The remedy that eradicates the underlying causative atonic conditions is

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Twenty-Third Year. MARCH, 1900. Vol. 45, No. 3.

THE CAROLINA Medical Journal.

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On account of its absolute safety, Listerine is well adapted to internal use and to the treatment of Catarrhal Conditions of the mucous surfaces.

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FOR DISEASES OF THE URIC ACID DIATHESIS.

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RENAL ALTERATIVE—ANTILITHIC.

The ascertained value of Hydrangea in Calculous Complaints and Abnormal Conditions of the Kidneys, through the earlier reports of Drs. Atlee, Horsley, Monkur, Butler and others, and the well-known utility of Lithia in diseases of the uric acid diathesis, at once justified the therapeutic claims of LAMBERT'S LITHIATED HYDRANGEA when first announced to the medical profession, whilst subsequent use and close clinical observation has caused it to be regarded by physicians generally as a very valuable Kidney Alterative and Antilithic agent in the treatment of

Urinary Calculus, Gout, Rheumatism, Cystitis, Diabetes, Hematuria, Bright's Disease, Albuminuria, and Vesical Irritations Generally.

Realizing that in many of the diseases in which LAMBERT'S LITHIATED HYDRANGEA has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed, we have prepared for the convenience of physicians,

DIETETIC NOTES,

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LAMBERT'S LITHIATED HYDRANGEA.

LAMBERT PHARMACAL CO., ST. LOUIS.

THE CAROLINA

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We Notify all subscribers when their paid subscription expires.

Editorial.

THE TARBORO MEETING.

Those having charge of the date of the meeting of the North Carolina Medical Society have deemed it best to hold the meeting a week later than the date announced in our February number. This change has been made in order to accommodate a large number of students in the various medical colleges who desire to meet the State Examining Board but cannot do so at the time previously announced. The meeting will be held Tuesday, May 22nd, and although rather late for many physicians we hope for a large attendance.

THE ASSOCIATION OF THE MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERATE STATES.

This association which had a very successful meeting in 1899 in Charleston, S. C., meet this year in Louisville, Ky., on May 30th.

The objects of this association are at least two-fold. The one being social—to bring together each year as many of the old war-time surgeons as possible and enable them to enjoy each other's society for a brief period; the other is scientific, and the papers presented to this body by its members are of great value. All members of the medical profession who served as surgeons, assistant surgeons, contract physicians and hospital stewards are eligible to membership.

THE IMPORTANCE OF AN EARLY RECOGNITION OF IRITIS BY THE GENERAL PRACTITIONER.

The two acute ocular diseases which are most frequently seen first by the general practitioner, and in which a correct and early diagnosis and prompt treatment is of paramount importance to the patient, are glaucoma and iritis. A failure to recognize either of these affections and the institution of a treatment based upon such faulty ideas of the nature of the trouble, will often result in harm that no skill can remedy later in the disease. Every physician doing general practice should take the time to familiarize himself with the symptoms and morbid appearances of iritis and glaucoma however lacking he may be in information regarding other diseases of the eye. It is to him that such patients usually apply for relief, and upon him rest, in no inconsiderable way, the responsibility for the future course of the disease. Should he instill a solution of atropin into a glaucomatous eye he will have done all that ignorance can do to aggravate the disease; on the other hand, if he fails to use a mydriatic in a case of iritis, but relies upon useless astringent lotions under the idea that he is dealing with a conjunctivitis, irreparable damage may be done to an eye that otherwise might have been restored to usefulness.

The mistaking of an iritis for ordinary catarrhal conjunctivitis, or "sore eyes", is undoubtedly a common error, and responsible for many bad eyes. As it is generally admitted by specialists that about one-half the cases of iritis are caused by syphilis and one-fourth of the remainder by rheumatism, an inflammation of the eye occurring in a subject of either of these diseases should be sufficient to put the physician upon his guard. Moreover, in addition to the "pericorneal zone" of redness, the absence of secretion, the severe pain, and the contracted or sluggish pupil, all of which serve to make a radical distinction between a case of iritis and one of conjunctivitis.

For one who is in doubt as to a particular case a very excellent way of differentiating the two is by means of cocaine. As is well known cocaine produces in the normal eye a rather prompt but comparatively brief dilatation of the pupil. In iritis, however, the reaction of the pupil to mydriatics is always slow and imperfect, except with the more powerful members of this group, and somtimes, indeed, is entirely irresponsive to all mydriatics. Cocaine producing a mild and very temporary mydriasis furnishes an excellent test as to the degree of reaction present, and where no dilatation follows its use in a case of suspected iritis, the diagnosis may be practically assured.

The prompt dilatation of the pupil in case of iritis is necessary for the prevention of adhesions forming between the iris and the anterior capsule of the lens—posterior synechia—a condition of affairs that may lead to ultimate loss of the eye, and always to more or less detriment to its usefulness.

DETERMINATION OF SEX.

Schenck's theory that the sex of the offspring could be influenced a will because it depended on the state of parental nutrition, more particularly that of the mother during pregnancy, has been most widely commented upo

both in the lay and professional press, with the result that various other and less cumbersome plans have been recommended as accomplishing the same end. It will be recalled that according to Schenck each sex tends to produce the other, or as it is termed, "cross sexual heredity." It is claimed, however, that the better the female is nourished the more females are produced, whereas according to the rule of crossed sexual heredity, male offspring would be expected. Hence Schenck concludes that the crossed sexual heredity is materially modified by nutrition. This over-nourished condition of the maternal organisms finds expression in the urine. If the smallest quantity of sugar can be demonstrated, an imperfected oxidation is present, a condition favorable to the production of a female—on the other hand where there is no sugar present, even in minute amounts, whether due to natural causes or to regulation of the nutritive functions by artificial means, then an ovum is developed which is qualified to become a male. Schenck's failure to bring about a male child in the case of the Russian Empress, he explains on the ground that it was impossible to prevent the excretion of sugar.

In a recent number of the *New York Medical Journal* Dr. J. Griffith Davis has an interesting article upon the determination of sex, in which she gives her experience of 20 years with a plan, so devoid of the complexities of the Schenck method as to seem in contrast—simplicity itself. According to Dr. Griffith in order to have male progeny it is only necessary that sexual contact take place during a period ten days after or three days prior to menstruation. The ninth day after the menstruation is supposed to be on the border line, when either a male or female may be expected, but children begotten at this time are apt to be, if male, of a feminine type, and, if female, generally develops certain masculine traits, so that the "sissy" or the "tomboy" are alike the victims of an unkind Fate, having been begotten on or about the ninth day. Dr. Griffith gives numerous instances in her experience where this plan has resulted in the production of either sex at will to the manifest satisfaction of all parties. Should her method prove reliable it is needless to say that the laborious investigations of Schenck with his examination of the excreta and unceasing search after sugar all go for naught while the future production of mankind having the attributes of the "sissy" and the "tomboy" are liable to be greatly curtailed by a studious avoidance of the evil ninth day.

THE TRI-STATE MEETING IN CHARLESTON.

The meeting of the Tri-State Medical Society of the Carolinas and Virginia in the Historic City by the Sea was a pleasant and profitable occasion. The attendance was smaller than anticipated but the papers presented to the society were of great interest and value. The negro was discussed exhaustively in several able papers, one of which we present to our readers and suggest its careful reading, (The Southern Negro—His Recent Erotic Tendencies—The Causes—Suggestions as to the Prevention, by Dr. S. C. Baker, of Sumpter, S. C.)

Charleston has a reputation for hospitality but on this occasion she outdid herself, sending the visiting members home with pleasant memories and a resolve to "go back again." Richmond, Va., was chosen as the next place of meeting and Dr. C. W. Kollock, of Charleston was elected president.

THE FINANCIAL QUESTION.

From all parts of the Carolinas come expressions of gratification on account of the recent changes in our JOURNAL.

These changes consisted in making the magazine a monthly, increasing its size and reducing the subscription rate to the popular price of $1.00 per year. We are pleased to know that this change has met with general approval and we again promise our best efforts to fill the JOURNAL with wholesome matter and conduct it in such a manner that it cannot fail in being helpful to the reader.

We dislike to mention money matters, either to patients or subscribers, but it is a necessity. During February a bill was mailed to all in arrears and while many have responded, not a few have overlooked the matter. We need funds *now*, and, while you do not owe us much, we hope you will at once send *that little*. Remit by money order, express, registered letter, bank note, check, 2c. stamps, coin-of-the-realm—anyway, but remit.

Use and Abuse of the Thermometer.—It will be a great day for medical science when young doctors and careless old doctors, can be led to consider the thermometer at its true value and not as a means of deciding just what is to be done. Probably quite as much harm as good has been done by antipyretics given in a drug form. Every case of typhoid fever and every case of pneumonia has a fever limit, that is to say, there will come a day when the fever will cease. If we have given very powerful drugs to lower this temperature, we may think that we have destroyed the disease; but far from it, very often we have simply masked it, and no enemy is so bad as a concealed foe. Here the temperature has been mistaken for the disease, and young doctors are particularly apt to think they know all about the disease, when they have a temperature chart. They have an additional means of determining how the disease is progressing, and that is all. If they have used their strong drugs to depress the temperature, they haven't even this. They have thrown over the guidance of nature, and they are going simply by what a machine tells them. Medical observations, like the artists' colors, must be well mixed with brains, or they are of no value whatever. A doctors *tactus eruditus*, his thought and general power of observation, his long experience in similar cases, not interfered with too much by drugs, are still of inestimable value. Happy the man who early learns the lesson.—*Modern Medical Science.*

Whooping Cough.—

R Chemically pure bromoform.....gtt. x
Alcohol (90 per cent.), sufficient quantity to hold the bromoform in suspension.
Syrup of orange flowers..... ....℥ i
Simple syrup..... ℥ ii

This prescription may be given in the dose of one to five teaspoonfuls each twenty-four hours. To a child as young as six years a teaspoonful at seven in the morning, at midday, and at five at night is about the proper dose. It must be remembered that bromoform is a remedy of very great power, and that it must be used with some caution.—*Therapeutic Gazette.*

Medical News and Items.

A Case of Bubonic Plague is reported in San Francisco.

The Total Valuation of the estate of the late Dr. Pepper, of Philadelphia, has been appraised at $670,886.63.

As we go to press we learn of the death of Dr. Richard Anderson, of Albemarle, N. C., on March 13th.

Iowa has come into line and graduates of all medical colleges must obtain a license to practice from an examining board.

It is Said that the British troops mobilized for service in South Africa have been very generally inoculated against typhoid fever.

Jefferson Medical College, Philadelphia, is to build a new and enlarged hospital. Owing to the increased number of students and clinical material the present facilities are inadequate.

The Medical Examiner.—The February number of the *Medical Examiner* announces editorially that henceforth this paper will be known as *The Medical Examiner and General Practitioner.*

Maryland Comes to the Front with a new medical practice law which makes unlawful the itinerant vending of any drug, ointment or application of any kind intended for the treatment of disease or injury.

The Medical Students of Ohio are endeavoring to secure the passage of a bill permitting all graduates of the Ohio medical schools to practice in the State without a license from the Medical Examining Board.

Christian Science failed to prevent the death of a "believer in St. Louis, February 3rd. Autopsy revealed the fact that death resulted from strangulated hernia and could have been prevented by surgical aid.

According to the *Albany Medical Annals* Charles Dudley Warner says that the difference between the "Faith Cure" and the "Mind Cure" is that the mind cure doesn't require any faith, and the faith cure doesn't require any mind.

The President of Washington and Jefferson College, Washington, Pa., has announced that no more hazing will be allowed, and that he would rather have 100 students without hazing than 500 with it. Expulsion will be the penalty for further hazing.

The Medical Profession in Pennsylvania is in an uproar over the detection of fraud in the State examination for the license to practice. It was done by collusion between a student and the office where the questions were printed. Interesting developments are promised.

A Bill Was Introduced in the South Carolina Legislature last month by the students of the Medical College of South Carollna providing for the exemption of the graduates of this school from the State examinataon. The faculty of this most excellent institution had not been consulted and, being opposed to the bill, exerted their influence against it. Fortunately for South Carolina the bill failed to pass.

Mosquitoes and Malaria.—An unofficial letter from Java, to the Berlin *Post*, states that Koch and his Dutch assistants are becoming more and more

convinced that a single family of mosquitoes is the propagator of malarial infection. Investigation at the hill resorts where the people seek and find refuge from malaria showed the complete absence of this—the white spotted-wing—variety.

That Consumption does not run in families, but does run in houses, is the theory of Sir Richard Thorne, who addressed the London Medical Society recently. "Refuse to live on damp soil," was his advice; until people ceased to live under unfavorable conditions, they need hope for little diminution in the consumption death rate. The improvement of sanitary appliances had in the last forty-five years reduced that rate nearly 50 per cent.—*Medical Times.*

The Topical Application of Corrosive Sublimate in Smallpox.—T. C. Osborn (*Texas Medical Journal*, February) claims priority in the treatment of smallpox by the local application to the skin of watery solutions of corrosive sublimate. This method of treatment is based upon the belief that the disease is a typical skin affection due to infection by a specific germ. The mercurial application, according to the author, may be made in any strength, up to a saturated solution even, without danger, except in cases of idiosyncrasy. In the eyes, nose, fauces, and ears a spray of peroxide of hydrogen is used.

The Treatment of Alcoholism.—Dr. C. W. Hidden (*Medical Brief*, February) reports very great success with a mixture of which the base is a strong fluid extract of powdered cinchona rubra, to which are added, with a due regard to dosage, avena sativa, nitrate of strychnine, and tincture of capsicum.

The usual time of treatment is about three weeks. The patient must not drink while taking the remedy. The desire for drink, the author says, begins to fade away on the fourth day. In one week there is complete absence of desire, and the patient begins to feel like himself. The improvement is most marked. The remedy is prepared fresh for each case. A second bottle is rarely needed, so complete is the killing of the appetite.—*New York Medical Journal.*

The University Medical Magazine.—It has been announced that the board of trustees of the University of Pennsylvania has finally secured entire control of the *University Medical Magazine* and that in the future it will be published under the auspices and with the support of the university. Heretofore the magazine has been in the hands of a stock company, over which the university had no control. Owing to the necessary delay attending the transfer of the property, and also owing to the time required for a thorough reorganization, it will be impossible to issue numbers for January or February; the first number of the year will appear in March. It is proposed that the magazine shall hereafter be the organ of the department of medicine, and that it shall be creditable to that department. In every way its readers will be kept fully informed as to the work that is being done in the clinic, the laboratory, and the hospital by the members of the teaching and hospital staff. Contributions upon subjects allied to medicine will be secured from those engaged in such work at the university. The liberal policy adopted by the managers will enable the magazine in the future to obtain at all times the most desirable material for publication. Dr. Charles H. Frazier has recently been appointed editor, and will at once assume the duties of his office.—*New York Medical Journal.*

Society Meetings.

The North Carolina Medical Society will hold its annual meeting in Tarboro, on Tuesday, May 22th—not May 15th as previously announced.

The Medical Society, of the State of South Carolina, will hold its annual meeting in Charleston, S. C., on April 18th.

The Twenty-Sixth Annual meeting of the Mississippi Valley Medical Association will be held at Asheville, N. C., October 9, 10, 11, 1900. Chairman Committee Arrangements, M. H. Fletcher, Asheville.

The American Medico-Phycological Association will hold its annual meeting in Richmond, Va., May 8, 9, 10, 11, 1900—not May 1, 2, 3, 4, as heretofore announced. The change in date is made to enable members to attend the congress of American Physicians and Surgeons in Washington, May 1-4.

The American Medical Association meets in Atlantic City, June 5-8, 1900. The Committee of Arrangements has asked the railroads for reduced rates—one fare for the round trip—good for fifteen days.

The Asssciation of the medical officers of the Army and Navy of the Confederate States will hold its annual meeting in Louisville, Ky., on May 30th and no efforts will be spared to make the meeting a great success. The officers for 1900 are as follows: Dr. Francis L. Parker, president, Charleston S. C.; Dr. J. J. Knott, vice-president, Atlanta Ga; Dr. V., G. Hitt, sec. and treas., Atlanta, Ga.; the Rev. A. Toorran Porter, D. D., chaplain, Charleston, S. C.

Deaths.

Dr. R. F. Gray, of Winston, N. C., died on March 6th. For two or three years he had been in feeble health, and during the last year of his life was unable to attend to his practice.

Dr John H. Tucker died at his home in Henderson on the 24th of February, after an illness of more than two years.

He was born in Brunswick county, Virginia, October 27th, 1842. Educated at William and Mary College and the Virginia Military Institute, leaving the latter institute to enlist in the 3d Virginia Cavalry, in '61, serving with them 12 months, when he was honorably discharged, due to physical disabilities, and then taking up the study of medicine was graduated in the Spring of '64 from the Virginia Medical College immediately re-entering the Confederate service as assistant surgeon, in September '64 being commissioned to the Confederate Navy, boat "Pee Dee." After the war practicing for seven years in Mississippi, five years of which he was associated with Dr. John S. Cain, now of Nashville, Tenn., moving to North Carolina in '74 where he has since lived, as a "Member of the State Board of Health," Member of State Medical Society, being President of the latter in '95. He was also an active member of the American Medical Association attending most of its meetings.

As a physician he was devoted to his profession, in which he was eminently successful, and had the happy faculty of winning the respect and esteem of his professional brethren, and of binding to himself in the ties of love and friendship his patients. No call ever went unanswered. As a man he was the soul of honor, despising a small or insincere act, and lived an exemplary Christian life.

RESOLUTIONS OF THE LAURENS (S. C.) COUNTY MEDICAL SOCIETY.

WHEREAS, Dr. J. Patillo Simpson, an active member and an Ex-President of this Society, died at Glenn Springs, S. C., on December 3rd, 1899,

Resolved 1st: That in the death of Dr. Simpson we feel the loss of a true and a noble Christian citizen, one who performed modestly but well the duties of life in every position in which he was placed. He never faltered or complained, but with energy, promptness and fortitude, he fought life's battles until called upon to lay down his armor.

2nd: That as a member of this Society he was always attentive, courteous and accommodating to his colleagues, exhibiting in all our transactions a degree of learning and proficiency, which increased our information and enhanced the pleasure of a meeting.

At the bedside of the afflicted, who gave him their confidence, he was kind, tender, and sympathetic, never for a moment forgetting their case, but with the true physician's love for his profession, he brought to bear every remedy that a careful insight and a correct judgment could suggest for their restoration to health.

3rd: That in his untimely taking off the State has lost a patriotic and progressive citizen, the city and county of Laurens a useful and loyal son whose place it will be hard to fill. While many friends mourn his death he has left behind him the savor of a well spent life. The decree of nature's God "Dust thou art—to dust thou shalt return" has been fulfilled, but separated from its mortal coil his noble soul has found rest beyond with the God who gave it, for when he came to "that river which marks the unknown shore his hands were filled with deeds of charity—the golden keys that 'ope the palace of eternity."

4th: That we deeply sympathize with the wife, children and relatives of the deceased and hereby tender to them our heartfelt condolences in this hour of bereavement; that our Secretary be instructed to send the family a copy of these resolutions properly engrossed; that a page in our minute book be inscribed to his memory and our county papers and CAROLINA MEDICAL JOURNAL be furnished with a copy and requested to publish the same.

Respectfully submitted,

A. J. Christopher, M. D.
J. R. Smith, " "
R. E. Hughes, " "
H. K. Aiken, " "
Job J. Boozer, " "

Committee.

According to the *Medical Record*, the case of a man at Brunswick, Md., is reported in which life persisted for sixty hours after the reception of several gunshot wounds, one of which, it was found on post-mortem examination, had perforated the heart and another the intestines.

The Carolina Medical Journal.

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Contributions for the Original Department of The Carolina Medical Journal are received with the understanding that they are contributed exclusively to this Journal.

Illustrations necessary to elucidate the text will be provided without expense to authors when suitable ink drawings or photographs are furnished.

Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

Original Communications.

The Southern Negro—His Recent Erotic Tendencies—the Causes—Suggestions as to Prevention.*

By S. C. BAKER, M. D., Sumter, S. C.

IN discussing this subject I shall confine myself to that phase of it which deals with the tendency of the negro man to commit rape upon the white woman, a tendency that is the terror (and justly so) of every white woman's heart— a very present evil—especially in the lonely districts of our country neighborhoods.

The frequency of these outbursts of erotic passion in the last few years would indicate that the negro's tendency in that direction is on the increase rather than on the decrease, as might have been hoped. Within the period stated instances too numerous to mention have occurred in Virginia, North Carolina and South Carolina, and in every other State in which the negro forms a large proportion of the population. The history of the Sam Holt case in Georgia less that a year ago with the terrible retribution that was visited upon the culprit is fresh in our memories. Only on Saturday last a case of "Lynching for the usual crime" occurred in Aiken county, this State.

The report of the Attorney General of South Carolina for 1899 shows that there have been thirteen convictions for rape and for assault with intent to ravish twelve convictions during that year. All of them except one were cases of negro men against white women, the exception being the

*Read before the Tri-State Medical Association of the Carolinas and Virginia. Annual meeting, Charleston, S. C., February 20th, 1900.

case of a negro man against a negro woman. I have not been able to learn the numbers in North Carolina and Virginia, but presume they are approximately the same.

In order to thoroughly appreciate the causes that underlie these manifestations of erotic passion, it is necessary to study the negro since his implantation in America and to note particularly his proclivities in this special direction.

There are three epochs through which, considered as a race, he has passed, in each of which he has manifested well defined racial peculiarities and traits; viz: first as a Slave, from his importation in colonial times to his emancipation in 1865. Second, as a Freedman—the transition stage—from 1865 up to about 1895, by which time most of the second class had died out, and third, as a Free-man, the children of these freedmen, the generation now arrived at manhood.

Ist. As Slave—when first brought to this country the negro inherited the traits and characteristics of his African progenitors. Of these it is not necessary for me to speak at length as they have already been so ably dealt with. All law in his savage state was limited to restraint of individual liberty for the passing moment by mere brute force, and he understood no other reason for obedience. The spirit of obedience to law because it is *right* was wanting, and incomprehensible to him. But here, under the patriarchal system of slavery, he was constantly under supervision and restraint. It became the duty and interest of the master to see to it that the vices and natural evil propensities should be eradicated if possible, and if not possible then that they be prevented from criminal expression to the injury of others. His going and coming—his very life almost—was at his master's behest and he learned soon to look up to him as to a being of a superior order. This may have, probably did engender in some feelings of envy or resentment, but as a rule the negro, as a slave, was content and docile, was kindly dealt with and entertained a sincere regard and affection for his owner. He was not educated as a rule in book learning, but gained knowledge in an industrial school which limited its curriculum to a study of the economic uses of the plough, the hoe and the blacksmith's hammer. A few house-boys could read a little, generally out of the Bible, and these we now have with us as the "local preachers" and "class-leaders" of the passing generation. Their religious teaching was at the mistress' knee or seated in the gallery of his master's church on Sundays, where he participated in the same services as his owner. The crimes ascribable to them were petty thefts to satisfy their appetites or else the clandestine visitation to the negro quarter of a neighboring plantation at night to be with some admired negress Prior to their emancipation the crime of rape was almost unheard of. I have been able to learn of but one instance of even attempted rape, in this State, and that was unsuccessful.

2nd. As Freedman—Inheriting the traits of his aboriginal ancestors, but modified by nearly three hundred years of contact with the restraining influences of the then institutions, he was in 1865, without preparation and without ardently desiring it, thrown upon civil liberty, which to him meant license, and for a season there reigned the anarchy of after-the-war times when, to a certain extent, revenge held sway. Even then rape of white women was rarely chargeable to the ex-slave. The Reconstruction era was upon the South. The marriage of the negro man and white woman was recognized as admissable by our ready made laws and the adoption

of this plan possibly acted as a safety valve for the licentious proclivities of the liberated slave. The repeal of the law came after a time but its baneful effects remain, in that the white woman, heretofore placed upon a pedestal and held to be unapproachable and far above even their desire, was brought down, and the image, once dethroned, was ever afterwards deemed within their reach. Fortunately for those of that period, the negro is not by nature revengful and his misdemeanors generally took the form of theft or, at most, barn-burning. Previous training still held the very large majority in bounds and freedom failed to entirely break the chain of old associations. For a year or two their habitat was unsettled, many having wandered off from their old homes in the trail of their liberators or led a shiftless, theivish life, but soon they settled down in their old haunts under their former masters as laborers or tenants and still freely and in compliment gave the title of old master and old mistress, young master and young mistress to their former owners. This class is now rapidly dying out. Thirty-five years have passed since emancipation.

3rd. As Freeman — All of us know well the difference of bearing between the submissive, respectful, more or less industrious ex-slave, with simple wants and no learning, and his free-born children, the generation just grown to manhood, the stubborn, impudent, shiftless personage with nameless cravings and a smattering of book learning. Resentful, seeking offense, brooding over the imagined wrongs of their fathers. In the towns, found idling around street corners, drinking in the back lots, gazing at and discussing the pictures of the half nude ballet dancers on the theatre bill boards or reading in the negro barber shops or cobblers stalls such papers as the Police Gazette with its lascivious pictures and suggestive attitudes. With imaginations heated with such sights and conversation and with passions often fired with whiskey, of such is the rapist of to-day, with such are our criminal docks crowded. The court stenographer of the Third Judicial Circuit of this State furnishes me the following information on the subject for the past ten years, as applying to his circuit. It may be remarked that the third circuit is about an average of the circuits of the State as to density of population and its complexion, as to urban and rural inhabitants, intelligence and education of negroes and so forth, and South Carolina is possibly about an average of the Southern States in these particulars. He says: "About twenty-five cases of rape have come up for trial in this circuit during the past ten years besides about five others which did not come to trial because of the lynching of the accused. In all of these, with one exception, the negroes implicated were under thirty years of age. In the excepted case there were several negroes implicated, one being an older man who seemed to have been led on by the younger ones. For the crime of assault with intent to ravish I recall about ten cases occuring in the same length of time and all by negroes under thirty years of age. "I am of the opinion that 95 per cent. of all crime in the Third Circuit is committed by the negro and of the ninety-five per cent committed by the negro 90 per cent. is committed by the free-born negro. It is very rare that you see an old slave charged with any crime. The majority of negro criminals are from 15 to 30 years old."

Causes.—Granted then that rape is on the increase and that it, as well as other forms of crime, is committed almost exclusively by the free-born negro, some of the causes at least must be chargeable to the change in his environment and training since freedom. With this retrospect, let us consider some of the leading characteristics of this younger generation. The negro of

today is naturally and by inheritance of bestial bent. Unrestrained by moral sense of right and wrong and incapable of intellectual recreation, like the animal, he seeks pleasure either in satisfying his hunger or his sexual appetite and afterwards falls to sleep until roused by the cravings of nature. Their sense of modesty is of the slightest. On the plantations when the weather is warm enough, the children, male and female, up to 6 or 8 years of age, go without clothing. Any one who has seen a crowd of naked negro boys on the banks of a bathing pool has observed their lascivious antics and is familliar with the nature of their conversation. Nine times out of ten their talk will turn upon their sexual organs and he will be the most envied who can show the greatest development. Hear a crowd of plow hands at work together joke an associate as to his prowess or the lack of it in some amorous escapade. In the country especially, his whole thought, from the child to the man, aside from the procuring of food, is in the line of licentious indulgence. Remembering these characteristics, which play the role of first cause we can appreciate better the other factors, more or less remote, which share in the final result.

IMPROVIDENCE.—Of all races he is the most improvident. Hailing from a tropical climate where nature provides his every want, he never lays up for to-morrow, and rarely possesses a home. Having nothing that can be injured by the lawlessness of others, he is irresponsible and not a respector of law and order, hence is liable to yield to his emotions and tends towards crime.

IMITATIVENESS.—The negro is an imitative creature, patterning after the white man, whom he recognizes as his superior. Imitation has brought admiration of the one imitated. He has regard for the superior beauty and adornment of the white woman and the negro woman powders her face and paints her cheeks in imitation of the white woman. To bear a child by a white man is esteemed by her an honor, the least tinge of white blood is a mark of superiority lending arrogance to the possessor. The negro man would prefer to marry a mulatto woman and the more white blood in her veins the more he esteems her. Hence the at times uncontrollable desire for the white woman of pure blood can be appreciated. His savage inheritance has led him to make of her a fetish and he dwells upon the pleasures of her embrace as the faithful Moslem longs for the black-eyed houris of Paradise. Again the knowledge of the successful accomplishment of his desire by others of his race provokes imitativeness in this respect and leads him to attempt the like assault.

EDUCATION.—As a predisposing cause their present system of education holds an important place, of real learning their education is of the most superficial kind. Their teachers are almost exclusively of their own race, and if we may judge by the results, more time is devoted to training in the usages of polite society than in the solid facts of useful knowledge. Good old "Uncle Ned" has grown into "Mister Macauly" and "Aunt Sookey" into "Mistress Nelson." Your washerwoman rings at the front door for her week's wages and you are informed by your colored waiting man that *a lady* has called to see you. Freedom has made them our equals before the law, their teachers have led them to believe that they are our equals socially. If the equal politically and socially of the white man the negro is as good as the white man and why may not the negro man possess the white woman. The tendency of their teaching is to antagonize them to the white race and stir up the fires of

animosty and prejudice and his cowardly nature may at one stroke vent itself and gratify his lust upon the unprotected white woman.

INTOXICANTS.—The negro is addicted to the use of strong drink. A systematic investigation would, I believe, reveal the fact that in the Southern States more liquor is consumed per capita by the negro than by the white man. Primative natures more easily fall victims to its perverting influence and customary restraint is thrown off. It is well known that alcoholic beverages increase sexual desire and give temporary boldness, and, could accurate information be obtained, I believe that nine times out of ten the rapist will be found to have been, more or less, under the influence of liquor at the time of his assault.

YELLOW JOURNALISM.—It is a well known fact that crimes and occurrences of all sorts, defalcations, suicides, rapes, etc., occur in groups or epidemics, probably as a result of a form of hypnotic suggestion. An assault occurs in this locality, the "Yellow Journalism" of to-day works up the details in the most harrowing particulars and deals them out to a gaping public. The negro hears and is moved to imitate. The culprit is chased possibly with blood hounds, captured and tortured, hanged and riddled with bullets or burned at the stake, all of which is again minutely detailed. His last words and acts, his unflinching demeanor in the face of death, etc., are all vividly portrayed. The lynched negro has thus become a sort of hero and martyr to his fellows. The daring which gave him the courage to commit such an act, in view of its possible consequences, has elevated the felon into the realm of heroes, the penalty has put him into the field of martyrs. Vide the Atlanta Constitution and the Sam Holt case of less than a year ago. Even the correspondent of the leading newspaper of this city, a most conservative journal, after graphically describing the lynching of Burt for the rape of Mrs. Weeks in Aiken county, concludes with the following: "Although quite young he had been in several other scrapes. He was very ignorant and met his death with stolid unconcern. Not once did he ask for mercy, but it is related as one of the incidents of the march to death that he asked one of the parties if he didn't want a lock of his hair to remember him by."

I would enumerate these as the causes therefore which are accountable for the erotic tendencies of the negro:

1. HEREDITARY INFLUENCES, rendering him lustful.

2. IMPROVIDENT NATURE, rendering the negro homeless, irresponsible and finally lawless.

3. The effect of the law of intermarriage which destroyed his ideal and brought the white woman in his reach.

4. The result of his imitative propensity which leads him to crave what the white man desires and finally to make a fetish of the white woman.

5. The nature of his education, which tends to increase his self esteem and inculcate social equality.

All of which combine to produce his character as we find it to-day. This character, when opportunity offers or is made, particularly in remote localities, where protection for the woman is lacking, and escape for the man easy, under the excitants of animal passion, intoxicating liquor or hypnotic suggestion, through newspaper or other notoriety (which again bring his imitativeness into play) lead to the commission of the assault.

Of the causes the law of heredity plays the most prominent part. After all is said, he does it "because he is a nigger." In seeking relief therefore the problem is a difficult one, being no less than to force the Ethiopian to

change his skin, the leopard his spots, still even these may be modified if not eradicated.

Having determined the cause or causes of disease in medicine we are taught that the first step towards a cure is the removal of that cause. This however cannot mean remove the negro, effectual as that would be as a remedy. The negro is here and to stay, so far as wholesale expulsion is concerned. It is the theory of the times and our present foreign policy would seem to indicate our acquiescence in its truth, that the higher races shall protect, shield and elevate (if possible) the lower. No matter whence or how he came the Southern negro is the White Man's Burden and in the language of President McKinley in speaking of the Philipinos: "It is our manifest destiny to exert a benevolent control" over him and do our best to elevate him as a race to our standard. In this to a certain extent lies the safety of our women.

The mention of some of the above causes is sufficient to suggest a remedy. Counteract heredity as much as possible by education, placing before the negro intellectual rather than lascivious ideals. Let the white man see to it that the present smattering of book-learning, foreign languages and poetry is supplanted by a properly conducted system of industrial training, by colored teachers if need be, but under intelligent white supervision. See that his imitativeness is directed into proper channels, as the mechanic arts. Let the negro boy be taught to hoe, to plow, to carpenter, etc., the girl to cook, to sew, to tend house. Reading and writing are secondary considerations for the vast majority who inhabit the country districts. Encourage the accumulation of property. The negro who has property to lose is a law abiding citizen. Some more stringent measures should be adopted to curtail their indulgence in intoxicating liquors. Newspaper publicity should be checked. If the intelligent editors of our land would pause to think what incalculable harm they do by permitting the publication of such matter they would exclude it without urging.

Last but not least I come to the proper punishment of the offender as the most important preventive. Present methods have signally failed, whether it be death or imprisonment after trial, or death by lynching, without trial, even though this last be accompanied by the most terrible torture. Then let us turn to something new. It is an axiom of criminal law that the quickness and certainty of punishment is more deterent of crime than the magnitude of the penalty and again punishment is inflicted not so much as a retribution upon the culprit as a deterent to others. When the crime of rape has been committed, whether successful or unsuccessful, let the trial be prompt, but thorough and by due process of law. When conviction is secured, without blast of trumpets or theatrical effect, with due antiseptic precautions, and under anesthetic let the evidence of his sexuality be removed, and that he may thereafter be known of all men and scorned; let him wear the badge of Cain upon his brow, let the letter "C" (castrated) be branded upon his forehead, and when recovery is complete let him depart free, a sexless warning to his race. As a penalty this is certainly less severe than death, yet to the negro ravisher I believe it will outweigh the horrors of hell, as a deterrent to his race I believe it will stand the test of time.

The health authorities of Illinois fear a general spread of smallpox throughout the State owing to the fact that the disease was prevalent for a long time without proper measures being taken to stop its progress.

Cases of Mastoid Inflammation.*

By CHARLES W. KOLLOCK, M. D., Charleston, S. C.

IT has been said by some one that the occurrence of inflammation of the mastoid region has been more frequent since the epidemic of grip appeared in this country some years ago. The sequels of this influenza are many and varied and middle ear disease is not one of the least severe. There is always danger of mastoid infection when the tympanic cavity is involved, but since this epidemic held sway more cases of mastoiditis have occurred than before, which is probably due to the severity of the attacks of and large number of persons affected. Coming as these attacks often did upon weakened constitutions and not infrequently to those already suffering from aural disease, it is not strange that so many cases of mastoid inflammation have been seen. Catarrhal diseases are by no means uncommon in this city, and among them those of the middle ear hold a prominent position, but it has been my experience to see but a few of these cases. Within the last year four cases of this nature have come under my care, and on account of the varied symptoms—each in a way differing from the others—and because they must ever prove as interesting to the general practitioner, by whom they are often seen first, as to the specialist, I have thought an account of them would be instructive.

CASE 1. White, male, aged 23 years. He entered the City Hospital April 22nd, 1899, after having been previously treated for a short time by Dr. E. F. Parker, who had incised the drum membrane twice. Upon entering the hospital the drum was found to be red and bulging, the ear painful and the external canal partially closed by swelling. The membrane was incised in the posterior lower quadrant which allowed the escape of pus. Free drainage was encouraged by light packing of a narrow strip of gauze for two days when the incision closed. It was re-opened and as there was some redness and tenderness, Leiter's coil was applied and ice water kept running through it for several days which caused a subsidence of inflammatory sympoms. The opening in the drum healed and the membrane appeared nearly normal while the hearing improved so that a watch could be heard at 10 inches. Just at this time a painless swelling appeared above and slightly in front of the upper border of the ear. Into this swelling an opening was made from which pus escaped freely. On the 13th of May, about three weeks after admission to the hospital, it was decided to open the mastoid as the swelling over the ear had returned and the collection of pus was greater. There was, however, no tenderness over the mastoid. While under the influence of chloroform the usual incision for mastoid operation was made and extended over and slightly in front of the ear in order that the pus collected there should have a free exit, and also that the tissues might have a careful inspection. After the escape of a large quantity of pus a thorough examination failed to locate the opening by which it had come through the bone. The antrum and mastoid cells next were opened and the latter were found to be broken down and filled with pus. All necrosed and diseased bone was removed and while making a final search the lateral

*Read before the Tri-State Medical Association of the Carolinas and Virginia. Annual meeting, Charleston, S. C., February 20th, 1900.

sinus was opened. Fortunately the operation was over and the bleeding was easily controlled by packing, nor was there any recurrence when it was removed two days later.

He made an uneventful recovery and when discharged could readily hear the tick of a watch at 12 inches.

Case 2. A strong mulatto woman of about 22 years. When first seen the ear had for several days been discharging profusely a greenish-yellow pus which filled the canal and ran in a full stream down the neck. She suffered considerably from pain in spite of the free flow of pus and there was some rise of temperature. The flow of pus, the over hanging tissues of the posterior wall of the canal, together with the pain and redness over the mastoid pointed almost beyond a doubt to involvement of that region.

The canal was cleansed every two hours with a solution of bichloride of mercury (1 in 3000) and Leiter's coil with ice water was used to subdue inflammation but with no success beyond relieving pain. The swelling and redness over the mastoid increased and extended down along the sterno-cleido-mastoid muscle for fully 1½ inches.

The gravity of the condition was explained and the importance of an operation was urged, but the patient and her family refused to have anything done except what was being carried out.

This condition continued for about two weeks when suddenly the temperature began to fall, the swelling, redness and pain to subside, and the discharge to lessen.

She improved rapidly and the discharge ceased entirely within a few days, which caused me at first some anxiety for fear it had become clogged at some point, but as there was a general subsidence of symptoms and rapid improvement in her condition I was soon assured of her convalescence and ultimate recovery which followed without further hindrance or complication.

Case 3. A black woman was brought to the City Hospital in a semi-unconscious condition. No history could be obtained but there was an offensive discharge from one ear and a large swelling above and over the mastoid region. This was opened and a quantity of pus escaped. She was not paralyzed but owing to her condition it was impossible to ascertain whether there were any local pareses. It was decided to open the mastoid and cranial cavity also, if the latter seemed necessary, though her condition was unfavorable for operating. The incision behind the ear was made and the scalp, muscles and periosteum were found dissected from the bone by pus, which must have been there for some time, and the temporal bone—mastoid and squamous portions—was honey-combed in every direction. She died on the table before the operation could be finished.

Autopsy. The external surface of the temporal bone was extensively corroded by the pus but it did not extend into the lower mastoid cells. The superimposed tissues were softened and separated. The brain was removed and the inner surface of the temporal bone was normal or nearly so in appearance there being but a slight congestion of the meninges and brain at that point. Leading from a point within the diseased external squamous portion to the upper posterior portion of the left cerebral lobe was a deeply congested vessel along the course of which were to be seen occasional flakes of pus and at its cerebral ending a considerable collection of pus on the brain. There was no softening of the brain substance or meningitis to account for the deposit at this point.

Case 4. Mrs. S., white, aged thirty-five years. Always delicate and

has suffered for many years with atrophic rhinitis. An abscess formed in the left ear in December, 1899, and soon after was followed by one in the right. She was treated by her family physician until she came to me on the 29th of December.

The right drum had healed but was still somewhat thickened and congested. The watch could be heard at 10 inches. There was some discharge from the left and the canal was nearly occluded by a swelling on the posterior wall about half way between the meatus and drum membrane. Pus oozed from a pouting opening which indicated necrosed bone and this was found by using the probe. Before coming to me she had suffered from pain in the mastoid over which there had been redness and swelling but when seen by me all these symptoms had nearly disappeared.

An operation was advised but owing to the fact that she was menstruating and losing a good deal of blood it was postponed until she should feel stronger. Ergot controlled the flow but she then bled so profusely from the nose that it had to be packed. In the meantime her temperature was normal or subnormal and the pulse generally above 100 and weak.

On the 19th of January, 1900, the mastoid was opened and a large pus cavity was formed. After all necrosed bone had been removed and the sinus could be plainly felt, the antrum was scraped but the chief point of involvement seemed to be the mastoid. A slight rise of temperature continued for a week after the operation when it became normal and the pulse gradually lessened in frequency. The opening has now nearly closed but there is no hearing except for loud sounds.

Case 1 is interesting from the fact that after infection of the mastoid cells had occurred the middle ear improved, the drum healed, hearing improved to 10 inches, and the mastoid involvement was only suspected on account of the collection of pus over and in front of the ear.

Case 2, which of all except case 3, seemed to demand immediate operation, recovered under aseptic treatment, improvement beginning suddenly and progressing rapidly to recovery.

Case 3 was dying and had the true condition of the parts been known no operation would have been attempted, but thinking that an evacuation of a brain abscess, if it existed, might afford a chance of recovery, it was begun. The condition of the temporal bone and the deposit of pus on the brain are exceedingly interesting.

Case 4 had positive mastoid involvement without pain and increase of temperature.

From these reports it is readily understood how important it is thal every case of middle ear disease should be most carefully watched untit recovery is assured.

That it is not always easy to say whether or not the mastoid is involved and when operative interference is necessary, for every positive symptom may be absent and yet infection may have occurred.

That there may and may not be a rise of temperature.

That seemingly very serious cases. with every symptom of mastoid involvement present and even invasion of the neck, do at times make spontaneous recoveries.

Adjutant-General Corbin and Surgeon-General Sternberg are opposed to the bill which was recently introduced into Congress authorizing the appointment of dental surgeons with the rank of major.

Gunshot Wounds of the Knee Joint.*

By MANNING SIMONS, M. D., Charleston, S. C.

OF 287 gunshot wounds treated in the City Hospital in Charleston from 1895 to January, 1900, only four are noted as involving the knee joint.

These four cases occurred during my service in the hospital.

This limited personal experience and the unsatisfactory result of a reference to the surgical literature of the day, have induced me to report these four cases to the society with the hope that it will bring out a discussion on the part of the surgeons present of these wounds as they occur in civil practice.

CASE 1. A colored boy about 12 years of age was admitted into the hospital in December, 1895, with a gunshot wound of the knee joint inflicted by a parlor rifle.

The ball entered on the outer side of the joint near the patella.

When he was admitted the orifice of entrance was closed, and was indicated only by a blackened spot with irregular edges.

There was no orifice of exit.

The direction and course of the missile could not be determined and in the absence of an X-ray apparatus its place of lodgement could not be fixed.

The joint was enormously swollen; to its utmost capacity; the limb was flexed, and in the position to give the patient the most ease and comfort.

The boy was suffering great pain from the distension of the joint.

Palpation indicated that the swelling was due to the presence of fluid.

The wound had occurred some hours before the patient came under treatment and no effort had been previously made to protect it from infection.

An incision was made on the inner side of the patella extending freely into the joint and the cavity, thoroughly explored with the finger to discover as far as possible the condition of the bones entering into the articulation, and to locate the ball.

No trace of the ball could be found.

A counter opening was made at the lower posterior aspect of the external condyle of the femur and a drainage tube passed through the joint from one opening to the other.

The wound on the inner side of the joint was closed with silk worm gut sutures, so placed as to bring into accurate apposition the edges of the incision in the capsule.

An antiseptic hydroscopic dressing was put on, kept in place with a bandage firmly applied, and the limb was fixed on a posterior splint.

Daily the joint was irrigated with a boracic acid solution.

At the end of a week the drainage tube was removed. No suppuration had occurred and the track of the drainage tube was soon healed.

Passive motion was carefully employed, and in a few days the boy was discharged with a freely movable joint.

*Read before the Tri-State Medical Association of the Carolinas and Virginia. Annual meeting, Charleston, S. C., February 20th, 1900.

I have recently seen this patient, who is a boot black, and he is in the enjoyment of a useful limb with a joint possessing perfectly free motion.

CASE 2. A colored male entered the hospital November 12th, 1899, suffering from a gunshot wound of the left knee joint received the same day. The ball entered at the outer border of the patella and lodged.

There was only one orifice, that of entrance, which at the time of the admission was manifested only by a blackened spot with irregular margins. There was no escape of synovial fluid, nor hemorrhage from the wound. The swelling of the joint was very great from effusion of fluid and the limb was in a semi-flexed position.

The wound was closed hermetically and antiseptically with iodoform collodion and an ice bag applied.

This treatment was continued for six days, when it became evident that more radical treatment would be necessary to save the limb.

His temperature was $101\frac{2}{5}°$, pulse 104, and the pain and suffering from the distension and inflammation of the joint demanded the administration of anodynes.

On November 18th after the usual preparation the joint was opened by a vertical incision through the centre of the orifice of entrance.

The joint was emptied of about one pint of bloody fluid.

The cavity was carefully explored for the ball, its track or place of lodgement, but without success.

A counter opening was made on the inner side of the joint and a drainage tube passed through from one opening to the other.

The incision in the synovial membrane was closed separately with a continuous chromicized catgut suture, and the edges of the superficial wound were brought together with interrupted sutures of silk worm gut.

The wound was dressed as in case No. 1 and the joint fixed with a posterior splint.

The subsequent treatment consisted in a thorough irrigation twice daily with a saturated solution of boracic acid. The drainage tube was removed in a few days. There was no suppuration and the track of the tube healed promptly after its removal.

The patient made a good recovery with almost complete restoration of the functions of the joint when he left the hospital on December 29th.

CASE 3. A colored male entered the hospital November 19th, 1899, with a gunshot wound of the right knee joint, received the previous night.

The ball penetrated the joint posterior to the inner border of the patella and lodged.

The joint was much swollen and synovial fluid was escaping from the wound.

The wound and neighboring parts were made surgically clean as far as possible considering the length of time that had elapsed between its receipt and the commencement of treatment.

The wound was hermetically and antiseptically sealed with iodoform collodion and an ice bag applied.

The case was carefully watched for developments until the 3rd day (the 4th after the injury) when the temperature had reached $102\frac{2}{5}$, pulse 130, and the joint had become more distended and painful.

It was decided that active interference was necessary, and the same plan of procedure was adopted as in cases 1 and 2.

The joint was opened by a free incision on the inner side of the patella, and emptied of about a pint of bloody effusion and a large clot.

A counter opening was made on the outer surface of the joint at the lower and posterior border of the external condyle, and a drainage tube passed through from one opening to the other.

The wound was closed as in the preceding cases, especial care being taken to unite the edges of the incision in the capsule. The joint was irrigated as in the other cases.

The ball was located on December 17th on the outer side of the joint on a level one and one-half inches below the orifice of entrance over the head of the tibia and removed.

This patient made a rapid recovery and was discharged with almost perfect motion in the joint.

CASE 4. A colored male, aged 21 years, was admitted into the hospital on January 3, 1900, with a gunshot wound of the knee, received three months before. He was sitting on the ground with his feet propped up in front of him, cleaning a pistol which accidentally exploded.

The ball entered the left knee joint one and a half inches internal to and on a level with the upper border of the patella.

The wound was treated by a physician but suppurated, and was opened up and poulticed for several days. It finally healed but later became swollen and more or less painful.

On admission the joint was swollen and indurated, and the patella was bound down and immovable.

The limb was painful and the patient could not bend the knee.

On January 16th an incision was made 3½ inches long on the inner side of the patella, and the joint was examined.

The patella was found to be bound down by adhesions, the synovial membrane was greatly thickened and the joint almost obliterated.

The adhesions were broken down, the adherent surfaces of the synovial cavity separated, a counter opening was made on the outer side of the joint and a drainage tube passed through.

The ball could not be found nor could its track be followed.

The wound was closed with silk worm gut sutures so placed as to approximate the edges of the incision in the synovial membrane.

The wound was dressed as in the preceding cases and a posterior splint applied.

The temperature during the subsequent treatment reached as its highest point 101 2-5 on the 3rd day after the operation.

There was very little discharge and no pus. The tube was removed on the 8th day.

Passive movements were commenced on the 11th day.

All the sutures were removed on the 15th day. On that day the knee could be flexed to an angle of 45°.

The posterior splint was removed entirely on the 16th day.

On the 19th day the patient got out of bed and could bear a little weight on his leg.

On the 23rd day all the dressings were removed, and the knee could be flexed to a right angle.

On the 28th day the patient could walk with a very slight limp.

An effort was made to locate the ball with X-rays but without success.

The proper treatment of wounds of the knee joint, when it is positively determined that the joint has been opened, is always a matter of doubt and difficulty, but especially is this true of gunshot wounds.

Penetrating and perforating wounds, whether made by small or large bullets, are always very grave injuries involving the future usefulness of the limb if not jeoparding life itself.

This fact is strongly illustrated in the mortality statistics in the military surgery of recent wars. Prior to 1876 these knee injuries gave a mortality of ⅔ of the cases. In the Crimean war, according to Longmore, not a man recovered except after amputation, and 9-10 of those operated upon died.

It is true that the official "Medical and Surgical History of the British Army" in the Crimea shows that eight cases were saved without operation, though in none of them was the bone within the capsule "more than grazed."

Of 308 cases treated in our war 258, 83.76 per cent. died.

The same high rate of mortality prevailed during the Franco-German war. On the other hand, during the war of 1866, out of eighteen gunshot wounds of the knee, eleven were cured by conservative treatment—61.11 per cent.

These statistics apply, however, to cases that had not been protected against infection, and naturally should not prevail to so great an extent in civil practice.

The wounds met with in civil practice have usually been inflicted by pistolshot and for this reason we rarely see the extensive crushing of bones and disorganization of soft parts, as in injuries from fragments of shells or missiles from weapons of large calibre.

The statement has been made, however, by a recent writer, that extentensive opening of the joint by a shell fragment is more likely to be followed by recovery than is a bullet wound.

The diagnosis of penetrating gunshot wounds of the knee as met with in civil practice usually gives no trouble. They are mostly produced by pistol balls of hard metal from grooved barrels.

There is usually no comminution of bone to be discovered by palpation, and there is seldom a chance that the ball has been deflected from its original course.

The chief indications of joint penetration are great fullness and tension of the synovial cavity, showing extravasation of fluid and in many cases of blood. The patella is prominent and the joint capsule bulges out on either side of it. The limb is partially flexed and in the position that allows the most comfort to the patient with a very full joint.

The orifice of entrance has closed to so great an extent as to be scarcely perceptible except on close inspection and by its blackened edges.

One cannot, however, form any judgment of the condition of things within from the appearances without.

It has been said "that which more than everything else characterizes these injuries is the insignificant lesion of the fibrous and cutaneous envelopes concealing damage of very considerable extent to the ends of the bones."

Under present plans of treatment most generally accepted more accurate diagnosis is unnecessary.

It is absolutely sure that no just opinion can be formed as to the direction that the ball has taken in traversing the joint, even if there be two orifices,

one of entrance and the other of exit, when we reflect that its course may be as various as the many fractions of a degree in the angle formed by the limb at the joint at the time the wound was inflicted.

Of course this point may be cleared up by the X-Ray if the ball has lodged, but the use of the probe will rarely give definite and valuable information. If the ball has entered and lodged in the articular end of the bone, the instrument would scarcely find the orifice.

The probability of recovery from gunshot wound of the knee will depend more upon the condition of the wound when it comes under observation than upon any special plan of treatment that may be adopted.

Upon the decison of the question septic or aseptic, will depend, if not, the life of the individual, at least the subsequent functional value or impaired usefulness of the joint. This depends upon the first treatment of the wound, and is usually beyond the control of the surgeon who subsequently treats the case.

The fatal results in many, and the unsuccessful outcome of nearly all the cases in military practice previous to 1876 can be accounted for by the septic condition of the wounds incident to the circumstances of war.

In civil practice gunshot wounds of the knee are not entirely free from the risks of infection before they come under the hands of the surgeon. Most commonly the wounds are infected by the handling of the patient himself or by those who have assisted him and bound up his injuries with infected dressings.

In these days the surgeon and his assistants can hardly be charged with being the media of infection with their fingers and instruments.

The treatment of knee joint gunshot wounds is either by expectancy, or rather conservatism, by excision, or by amputation.

A recent writer on gunshot wounds, in speaking of the treatment of wounds of the knee joint, very wisely and simply disposes of the matter in these words:

"When the injury is other than a very extensive one conservatism should be employed; when the limb evidently cannot be saved it should be taken off."

Amputation as a primary operation will rarely be required in civil practice in this class of injuries. It will be seldom that the joint will be so lacerated and the bones so crushed by the missiles of the times of peace as to demand immediate amputation.

It is probable that it may be required to save life, as a secondary operation where the expectant or conservative method has failed.

Excision would naturally give place to the plan of treatment by expectancy. Indeed excision seems to have fallen much into disrepute as applied to the knee joint.

A recent writer says: "Excision will be done but seldom, not because of its fatality, for this will be greatly reduced (it is now only about one-eighth what it was in pre-aseptic times) but because the end—result of the operation—is not so good as that following conservative treatment.

It is interesting to note the statistics of Gurlt in this matter of resection in the study of the after history of 652 soldiers, upon whom resections had been done during the late German wars. It was found that there was good functional use of the limb in less than 37 per cent. of the cases; limited use and that often when prothetic apparatus was employed, in 50 per cent., and in more than 13 per cent. the limb was useless, or worse, a burden.

The general opinion seems to be in favor of conservatism in the treatment of gunshot wounds of the knee.

Laugenbeck, quoted in the article by Longmore, (revised by Hunter McGuire) strongly advocates conservative treatment in these injuries:

"There is hardly a case," he says, "although with fractured bone ends that may not be cured by conservative treatment"

A recent writer in Dennis System of Surgery expresses his confidence in the possibilities of modern aseptic surgery by the statement that "not even the laceration of the main vessels or nerves obviously compels primary amputation.

Reyher's article read before the International Congress of 1881 seems to have created a new era in the treatment of gunshot wounds. The paper was based upon 376 cases of gunshot fractures and wounds of the joints.

According to Reyher there are two plans of treatment which may be employed in cases in which amputation is not absolutely necessary.

1. Occlusion by an absorbent antiseptic dressing.

2. Débridement or opening up freely, and thorough cleansing of the depths of the wound.

If the attempt to attain healing under a scab fail, the wound may at once be opened up and the endeavor to disinfect it made; but the results will not be very good.

There were certain points by which Reyher was guided, but there was nothing very exact about them.

He divided his cases into those that had been handled, and those that had not been handled—"befingerte and unbefingerte, or, in other words, septic and aseptic."

The proper method of carrying out conservatism in a case of gunshot wound of the knee joint in civil practice, therefore, becomes a matter of serious consideration and depends upon our ability promptly to decide as to the septic or aseptic condition of the wound when it comes under observation.

If our judgment on this important initial step prove incorrect suppuration, necrosis, erosion of cartilage, general infective disease, death or late amputation would be the result, especially if such an injured joint were shut away from view with an immovable plaster dressing.

On the other hand, if this unfavorable termination of our efforts at conservatism should occur our only resort would be in free incisions, thorough cleansing and the maintenance of free drainage.

Another important question that presents itself for consideration in pistol wounds with lodged balls is the extent to which we are justifiable in going in our efforts to remove the buried missiles.

Even if located by means of X-rays, it is a serious question to decide whether more harm will likely be done in finding the ball and taking it away, than by the missile itself if left undisturbed.

In three of my cases the patients still carry the balls with useful limbs, and one of them has been carrying it without harm for four years.

It is evident then, that the septic or aseptic condition of the wound can only be determined by subsequent events, and that a failure of the occlusion method is likely to be followed by anchylosis of the joint as a result of septic arthritis.

In advocating the primary opening up of the joint, and through and through drainage I am not unaware that free incisions have been employed with bad results.

In Longmore's article already quoted it is stated that "Freely incising

the joint has been tried but has been only occasionally attended with success, one case treated in this way, in the late New Zealand war, recovered."

A series of gunshot wounds of the knee were similarly treated by Surgeon J. Moses, of the U. S. Army. "The official report from the Surgeon General's office gives no encouragement to practice this treatment. It refers to 6 fatal cases treated by free incisions by Surgeons Moses, Bellangee and Lidell, and mentions that the records contain a score of similar examples."

On the other hand, a case recently reported by Dr. Llewellyn Eliot, of Washington, D. C., in the *Virginia Medical Monthly* and the four cases reported in this paper seem to show that with modern methods of wound treatment free incisions may be followed by recovery, with good and useful joints.

Syphilitic Gangrene (?) Case Involving Scrotum and Perineum.*

By WILLIAM R. LOWMAN, A. M., M. D., Orangeburg, S. C.

THE brief clinical record of the case which I shall present to you to-day, is somewhat of a novelty to me and something the like of which I had never before come in contact either in actual practice or in the medical or surgical records which it has been my fortune to peruse. Therefore it is not with the purpose of enlightening, but with the idea of inducing discussion, whereby I may receive light, by those with more experience and wisdom than your deponent enlarging on the features of this or similar cases.

The case aroused my deepest interest and as you will observe in the title of this paper that there is considerable uncertainty in my own mind as to the ætiology and consequently as to its correct classification. Let me therefore sketch this case as briefly as possible in order that I may open the way for the "wisdom of your words."

CASE.

White farmer, aet. 47 years, of plethoric habit, personal history of excessive venery, dissipation and syphilitic dyscrasia. Called May 7th last, and found patient suffering with something like an abscess to the right of, and on a line with, the anus, with centre about 4 cm from same over the ischio-rectal fossa, having a diameter of 6 cm. It was not especially elevated at any point; color, red in centre, fading to pink at edges; somewhat painful to touch; no fluctuation; slight febrile movement.

On the 8th, same symptoms aggravated; color deeper; temperature 100½°.

On the 10th, similar condition; color, centre, bluish; temperature 100°.

On the 11th, like state; centre, bluish-black; red to ragged demarking line; red line 5 mm in width extending anteriorly about 4½ cm then crossing perineal raphè to the left side; temperature 102°.

On 12, 13, 14 and 15th, symptoms much aggravated; slough rapidly extending at original site from centre to edges of demarking line; the red

*Read before the Tri-State Medical Association of the Carolinas and Virginia. Annual meeting, Charleston, S. C., February 20th, 1900.

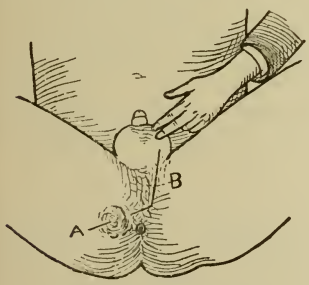
line of infection extending anteriorly on the left side of median line of perineum, on a line with external side of left crus to the base of scrotum—after reaching same spread over the left side of scrotum—much redness; heat and swelling of scrotal sac on the left side; temperature rising to 104° on the 15th; the tongue heavily coated; some delirium.

From 16th to 21st, twelve visits—constitutional symptoms gradually modified; slough forming on left anterior scrotal surface; demarked line of inflammation from a point 1 cm from junction of penis and scrotal sac down to the middle of inferior surface—in the meantime, the entire demarked surface of the first site of inflammatory action near anus completely sloughed out; deepest in centre; all cellulo-cutaneous and other tissue in the centre of this site destroyed down to levator fascia and levator ani muscle, gradually rising from centre to cutaneous surface at the edges.

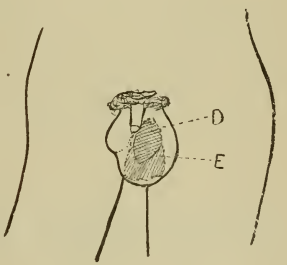
From 22nd to 25th sloughing of scrotal sac, begins anteriorly at two points 1 cm apart, near centre of inflamed area; also another slough forming at posterior base of scrotum on the line in which the infection spread.

25th to 30th all scrotal tunics sloughed thro', exposing lower end of left testis; slough 9 cm in length anteriorly, of skin; 6 cm of subcutaneous tissue and cremaster muscle; 3½ cm of tunica vaginalis.

June 1st to 12th, no additional slough; moderate suppuration; gradual granulation; all constitutional symptoms subsided; gradual reformation of destroyed tissues; no adhesion to testis but some adhesion of tunics and muscle in reproduced area.



A.—First Site of inflammation.
B.—Line of infection.



D.—Final line of demarkation on scrotum. E.—Exposed testis.

REMARKS.

Thus we have in this case a progressive localized necrosis of cellular and connective tissues—an areola of red inflamed tissue circumscribed 6 cm in diameter; centre, 4 cm to the right of anus, eventually sloughing into deeper tissues over the entire area, passing forward for 3 cm crossing the perineal raphè on a line with the posterior edge of the superficial transverse perineal muscle and thence to posterior base of scrotum, where another area of about the size of a silver dollar was involved, and then proceeding anteriorly around left side of scrotum involving all of left side of same anteriorly, sloughing into and destroying skin, cremaster muscle, spermatic fascia and tunica vaginalis, laying bare the lower end of left testis, but not involving it.

The inflammatory action and destruction of tissue was complicated by much systemic disturbance from general toxæmia. The case responded to local antiseptic and to general tonic constructive medication with a mixed specific treatment. Locally warmed lotions of hydrogen dioxide was used until after separation of sloughs, then aristol was applied freely. Constitutionally, Basham's mixture was used in conjunction with salol, phenacetine and quinine, until the destructive processes ceased, then the four chlorides until complete recovery.

Now, what was the ætiology? There was no point of local infection discoverable nor history of any, where an erysipelatous germ could have found an entrance to have produced phlegmonous erysipelas; there was no ulcer by which a phagædena could have developed; there was no fistulous connection with the rectal tract at first site of inflammation, though such an opening might have previously existed and then been closed by inflammatory action. It is possible therefore that fæcal infection might have originated the trouble and the spread been superinduced and aggravated by the dyscrasia existing from previous excessive venery, dissipation and syphilis.

I might mention that there existed a small fistulous tract on the opposite side of the rectum about 15 mm from anal orifice, extending upward and to the right, entering the rectum between the sphincters; this was treated concomitantly by injections of warm solutions of pyrozone until all suppuration and discharge ceased, then several injections of Churchill's tincture of iodine along this tract perfected a cure, with no reappearance of the fistula up to the present time. The patient had also suffered from two external hemorrhoids which were afterward obliterated by carbolic injections.

Your opinion and discussion of this case is very much desired by your deponent. Is the title of this paper correct?

I present herewith two so-called drawings, trying to illustrate to a slight extent at least the sites of inflammation and their tract of infection.

Application of the Rule to Pediatrics.—Particularly in pediatric practice, the educated practitioner will be on his guard against useless and irrational therapeutics. In an untried constitution, he will begin with small doses and repeat them as needful. The result will be quite as sure, and the uncertainty not half so risky. He will give his coal-tar antipyretics with great circumspection, and be sure that his Dover's powder was compounded by a careful apothecary. He will not be satisfied to leave important surgical work for the nurse to undertake in his absence. She may, with the best intentions, irrigate the baby's lung instead of his stomach, or by soiling the catheter on an ill-washed gown worn with her last case of puerperal sepsis, excite a fatal cystitis. He will not forget that the popular Latin maxim about the reparative power of nature is oftenest true in children, and that a minimum of interference is called for. He will not even give a calomel triturate, till the case has been examined, and at least a probable diagnosis made. At the same time he will know that sins of omission are punishable. He will not tell the mother that the baby's running ear will "stop of itself," nor give borax water for trachoma, nor let the croup case be moribund before attempting intubation. "Eternal vigilance" will mark his professional walk and conversation, and only eternal vigilance will save him, as time goes on, from many a moment of poignant self-reproach. B.

The Causes of and the Best Method of Treating Deafness in Children.*

By EDWARD F. PARKER, M. D., Professor of Physiology and Lecturer on the Diseases of the Eye, Ear, Throat and Nose, in the Medical College of the State of South Carolina, Charleston, S. C.

THE auditory apparatus of children differs in some respects from that of an adult. The tympanum, however, which is the chief and most frequent seat of disease, is fully developed and of adult size early in life. Especial interest attaches to deafness in children chiefly because they furnish a large percentage of the number applying for relief of this disability both in private and public practice and because lesions of the ear in childhood lay the foundation for nearly all the cases of permanent deafness that we see in adults. Impairment of the hearing is acquired as a rule in childhood and the subject of deafness in children merits the closest study, because at this time it is a curable disease.

Deafness, out of all proportion to blindness, robs the child of that most potent educational stimulus, interchange of thought, prevents the growth of an active and essential sympathy with one's surroundings and hampers his initial development by almost insurmountable difficulties.

Deafness in the young is allowed so often to go unnoticed, because the child is uncomplaining or the parents careless, is so often transient, or is mistaken so often for dullness and inattention that the disability becomes fixed and beyond repair before expert skill is solicited. The fact that the general public as well as many physicians still believe that the treatment of aural diseases is unsuccessful and of little value gives additional weight to the consideration of the subject selected as the title of this paper.

In general we may say that, excluding congenital deafmutism, the causes of deafness in children are, in the order of frequency, adenoid vegetations in the vault of the pharynx, with or without coincident enlargement of the faucial tonsils, the acute exanthemata, hereditary syphilis, dentition, cerebro-spinal meningitis and diseases of the external ear. All of these are influenced by such remote causes as inherited proclivities, faulty ventilation of school-rooms, over-feeding, over-heating and over-care.

Excluding syphilis, dentition, meningitis, diseases of the external ear and a few other rarer incidental factors in the production of deafness, inflammations of the middle ear are the most important and most frequent causes of impaired hearing. These inflammations whether acute or chronic, suppurative or non-suppurative, all have their origin in the naso-pharynx.

The successful treatment of diseases of the middle ear has given to otology the position it holds to-day and has rescued it from merited reproach. It is to otitis media as a cause of deafness that I wish especially to draw your attention.

The mother accompanying the child supposed to be hard of hearing cites as a rule the following history: From time to time she notices that there is slight deafness and earache which just as she is about to consult

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some one subside spontaneously. The child has frequent colds in the head, has a peculiarly thick voice, a rather listless expression, breathes through the mouth and is generally inattentive. The otoscopic picture shows a markedly or slightly hyperemic or perhaps lustreless tympanic membrane. Anterior rhinoscopy discloses a water-logged, soggy, swollen condition of the turbinate mucous membrane with considerable discharge of thin watery fluid and probably marked occlusion of the nasal fossæ.

As the mouth is opened and the tongue depressor introduced a large lump of viscid mucous drops slowly from the naso-pharynx. If posterior rhinoscopy is possible, and it usually is if patience, skill and tact are exercised, a large quantity of mucous will be seen filling the naso-pharynx and covering an enlargement of the adenoid tissue normally present in this space. The eustachian tubes, if visible, are swollen, pale and soggy.

Recurrent otalgia and deafness are symptoms which imperatively demand a thorough exploration of the nose and naso-pharynx. Impaired ventilation of the ear and faulty drainage of the nose are quickly and invariably followed by catarrhal inflammation of the middle ear. The simultaneous or subsequent introduction of virulent organisms will determine the clinical course of the disease and make it purulent or non-purulent, acute or chronic as the case may be. The importance of early examination and treatment of catarrhal mouth-breathing in children cannot be over estimated and attention has been called to the danger to school children from their frequent and daily associations with numbers of others with pathological discharges from the nose and throat.

In the exanthemata the tendency to otitis media, as well as the severity of the attack is largely influenced by the presence of enlarged lymphoid tissue in the neighborhood of the eustachian tubes. As long as practitioners continue to tell mothers that frequent colds will be outgrown and so long as, for whatever cause, they receive no attention, deafness will continue to increase and multiply. In children a cold usually means a primary adenoid turgesence with secondary swelling of and discharge from neighboring structures. Parents who bring their children for deafness, on being questioned, will mention noisy respiration and a general lack of development, perhaps.

The treatment consists first in the administration of appropriate constitutional remedies and second, essentially surgical, in removing the exciting cause. The prompt removal of existing adenoid enlargement is not only justified by the size of the growth but by the amount of mischief it is doing.

Excluding the cases of deafness in which otorrhœa is a complication both these indications are met by giving some tonic treatment and by thoroughly removing all hypertrophied lymphoid tissue.

For the removal of adenoid vegetations, I use only, with very few exceptions, a modification of the Gottstein curette and an O'Dwyer mouth gag—the cutting edge of the former should be very sharp and the space into which the tissue is protruded should be quadrilateral and as large as possible.

The sharp curette is passed behind the palate up to the vomer and then pressing it as firmly as possible against pharyngeal wall it is swept downward several times. I never fail in this way to bring away with the first sweep of the curette the largest part of the growth.

I rarely examine the space afterwards with the finger, and this I think is especially to be depreciated on account of the danger of infection and ecause it is unnecessary, prolongs the operation and retards recovery. In

fact I avoid putting the finger into the naso-pharynx even for the purpose of diagnosis—with patience, this can usually, even in children, be made absolute with posterior rhinoscopy. Only in rare instances is it impossible to get a view of the growth in the mirror. If the tonsils are in the way, and prevent a clear view of the naso-pharynx, and the temperament of the child will allow their removal without general anesthesia I remove them first, and then several days after examine for the post-nasal growth and remove it thoroughly if present, with or without chloroform, as seems most advisable. Even when chloroform is administered I find the application of a four per cent. solution of cocaine and antipyrine to the naso-pharynx by means of a piece of cotton passed through the nose on the end of a probe of great value in diminishing the amount of hemorrhage which follows the separation of the adenoid vegetations from the pharyngeal vault.

The removal of the tonsils whether faucial or pharyngeal is a brilliant operation when viewed from the standpoint of the results achieved, whether these are intended to be immediate or prophylactic in their nature. Indeed, I do not hesitate to say that it is one of the most brilliant in the whole range of surgery. When the adenoid tissue in the fauces or naso-pharynx is hypertrophied, the operation should be undertaken for the prevention of sequelæ which may legitimately be expected to follow, as well as for the relief of the symptoms actually present at the time. Scarcely any other operation accomplishes so much with "so little risk to the patient or trouble to the operator." In preventive surgery, the naso-pharynx is an especially satisfactory field of work. Spontaneous recovery of the hearing as a rule follows the operation. If further treatment is necessary daily cleansing of the nose and naso-pharynx with a mild antiseptic and alkaline solution and mild inflation of the tympanic cavity with the Politzer's air bag are recommended and in addition attention should be paid to some common hygenic precautions. The child should have warm woolen underclothing, its school and bed rooms be well ventilated, the skin kept thoroughly clean by frequent bathing and rubbing and plenty of exercise in the open air should be advised.

The indication for the search for and the early surgical treatment of adenoids is imperative in all children who are occasionally or permanently deaf, with or without recurrent otalgia, and their removal will do away with the cause of subsequent certain disability and prevent much suffering and unhappiness. Parents and physicians who have once observed these symptoms have been given ample warning. When incurable deafness is present in adults the clinical history of previous adenoid hypertrophy can, in the majority of instances, be undoubtedly traced.

It is my belief that a considerable number of the incurable and oftimes inexplicable cases of deafness from chronic catarrhal otitis media in adults may be traced to adenoid vegetations in childhood. Unless the mass is large enough to cause obstruction of respiration and its apparent consequences it may easily pass unnoticed and yet, notwithstanding its subsequent atrophy, may lay the foundation for that slow insidious inflammation and sclerosis which play such havoc with the organ of hearing.

Dr. O. T. Osburn, of the medical faculty at Yale, has been acquitted of the charge of performing an autopsy illegally.

A Few Operations by a Country Doctor.

By W. P. TIMMERMAN, M. D., Timmerman, S. C.

MY purpose in presenting this is not because of any superior merit in it but because I think the average country physician has too little confidence in himself and possibly too much confidence in those who are so fortunate as to be connected with a hospital, either public or private. But to be brief I think that the country physician should experiment as well as others.

CASE 1. N. G. was brought to my office April 26, 1899, with tumor on lower jaw bone or chin, which I supposed to be ostea-sarcoma, but I have not had it examined. On the night of the 26th I gave him a dose of salts, which acted well by the next morning. On the morning of the 27th, assisted by Dr. R. H. T., I removed the middle third of the lower jaw with tumor, which nearly filled an ordinary tumbler. I began the operation after disinfecting the mouth with carbolic solution. I split the skin along the middle of the chin to the pomum adami and dissected it on each side to the first molar tooth and extracted each bicuspid next to molar, I then with an ordinary amputating saw, sawed the left side, at which time boy ceased breathing and after some work revived him and again administered chloroform but before cutting other side in two he again ceased breathing and was with much difficulty revived, I then finished operation without an anaesthetic. I washed mouth thoroughly again with carbolic solution and with interrupted silk sutures stitched wound together. I packed wound full of iodoform gauze and applied some externally. After operation patient was cleansed and put to bed and heat applied. He reacted nicely. At 3 P. M. dressings removed and wound again washed with carbolic solution, from fountain syringe. Much saliva and dark colored blood had accumulated, which of course was removed by the washing, at the same time patient drank some water from syringe. Iodoform dressing again applied; gave him quinine hypodermically; at 8 P. M. wound again dressed in same manner as first; at 1 A. M. again dressed wound and gave water per orem from syringe; quinine was again given hypodermically. I changed dressing three or four times every day for two weeks and fed with milk, broths, etc., per orem from syringe three times each day. I tried feeding him per rectum but never could get any considerable portion of food retained, hence my effort to feed per orem which in every way was a success. I gave him iron, arsenic and quinine as a tonic and during the fever stage gave small doses of aconite and acetanilid. I kept the boy for six weeks at the end of which time he seemed to be entirely well, and at a distance of a few feet from him his chin looked natural with the exception of the outside scar. Although having only four lower jaw teeth (two on each side) I have seen him bite pieces of raw potato, hard bread, etc., with as much ease apparently as sound people. I have seen him twice since operation and there was no symptom of return of tumor. I might mention that in operating I had the boy in a sitting posture in order that the blood might not run in his throat and thus strangle him.

CASE 2. I was called to see Mrs. J. R. ——, white, mother of two children and found her anæmic, though one of her children was only five weeks old and she had been having chills for some time. The bed was literally drenched with blood and the woman was anything but clean, as soot and various other things had been applied to check the hemorrhage before I arrived. After having bed and woman cleaned I inserted speculum, and much to my surprise I found a transverse laceration with fresh edges, about two inches long, on the posterior wall of vagina, from which a little blood was then oozing. I immediately washed out vagina thoroughly with carbolic solution and packed it with iodoform gauze. In the afternoon Dr. R. H. T. came, and we, after applying cocaine locally, began to repair the laceration with uninterrupted silk sutures, which to me was quite a difficult task, but we succeeded fully so far as the result is concerned. After sewing the edges together we put iodoform gauze in vagina, which was removed the next day and fresh applied, after which the dressing was changed every alternate day for 10 days and then a vaginal injection of carbolic solution was ordered to be used every day. I saw patient October 24th and wound had healed nicely. What was the probable cause of the wound I am not able to say and would like to hear from others their opinion in regard to it.

CASE 3. Mrs. M. S. ——, white, was called to see her October 1, 1899, and found that she had been flooding considerably, which had been the case for several months at each menstrual period. I inserted speculum and found tumor suspended by a pedicle from inside of uterus. I advised its removal, to which she consented and on October 3rd, assisted by Dr. R. H. T., it was removed per vaginal, partly by torsion and partly by cutting with curved scissors. I applied solid silver nitrate to raw surface and packed vagina with gauze which was removed each day and fresh dressing applied for four days; no caustic used after first day. After ten days patient was well and has been since, apparently at least. She had been married about a year but not pregnant.

Hot Water Drinking.—There are four classes of persons who should not drink large quantities of hot water. These are as follows:

1. People who have irritability of the heart. Hot water will cause palpitation of the heart in such cases.
2. Persons with dilated stomachs.
3. Persons afflicted with "sour stomach."
4. Persons who have soreness of the stomach, or pain induced by light pressure.

These rules are not for those who take hot water simply to relieve thirst better than cold water, and for that purpose is not to be condemned. But hot water is an excitant, and in cases in which irritation of the stomach exists, should be avoided.—*Indiana Lancet.*

Saunders' American Year-Book of Medicine and Surgery is now published in two volumes, Vol. I. treating of General Medicine, Vol. II. of General Surgery. Each volume will be complete in itself, and the work will be sold either separately or in sets at no increase in price. Either volume, cloth, $3.00. Half Morocco $3.75.

SELECTED PAPERS.

Parturition Among the Eskimos.

By C. C. GLEAVES, M. D., San Francisco.
Ex-Surgeon U. S. Steamer "Bear"; Late Surgeon Kotzebue Commercial and Mining Co.

While spending the winter in northwestern Alaska I was very much interested in witnessing an Eskimo woman giving birth to a child. It is seldom that a "cablona" (whiteman) doctor is permitted to witness this trying ordeal. However, as I had treated different members of the family and had gained their confidence I was permitted on this occasion to be present.

It is the custom among the Eskimos not to be confined in an "igloo," or house. The woman must go into the woods or brush alone—no one, not even the husband, being allowed to be present—and remain there with no food except a piece of dried fish for "five sleeps", when she is permitted to return to the"igloo"; no doubt, that being the time required for the lochial discharge to cease. Whereupon, she and her husband take a bath and change their undergarments, when they are fortunate enough to have a change They are then supposed to be clean until the next confinement.

At the time of the monthly periods of menstruation a woman is not allowed to enter a boat or ride upon a sled of her husband.

In January, 1899, during the long winter nights after "old sol" had bid adieu to the people of northern Alaska, to seek a more genial clime in the sunny south, and in the midst of an Arctic blizzard, a messenger, a little Eskimo boy, came to my "igloo" and announced that "Mama speak catchem mickaninny by and by," "speak" being a term in universal use. I arose from my bed, dressed myself in fur clothing, and started for the scene, a short distance away, the thermometer ranging from 30 to 40° F. below zero, where I found the woman out in the brush in a snow pit, oval in shape, about two feet deep and six feet across, with a few spruce boughs thrown around the margin as a windbrake, together with a smoky fire of twigs. The parturient chamber (?) had been prepared by the woman herself, by scattering a thin layer of dried grass prepared by her for this occasion, upon which was spread a reindeer skin, with no covering of any kind.

On my arrival at the parturient field I found the woman in labor, on her knees, with buttocks resting on her heels, and having severe bearing down pains, which came faster and faster and more severe until almost continuous, when the bag of waters ruptured. The mother of the woman and my interpreter, the little boy, who were near by, began to exclaim "Mama muckey, mama muckey,"—"muckey" meaning to die. I asked the boy what was the matter with mama, he said in reply, "Mama look see pechuck," —"pechuck" meaning no, or negative, or in other words, she could not see; her blindness, no doubt being due to syncope. I assured them that mama would soon be all right, and not to be frightened. She soon rallied and labor progressed naturally through the second stage, and after an interval of one-half to three-fourths of an hour, the pains returned. She again had syncope, no doubt due to hemorrhage. She soon rallied again and expelled the placenta, whereupon she took a piece of sinew, which had been previously pre-

pared from the hock of a caribou, and ligated the cord as close to the umbilicus as possible, then severed the cord close to the ligature with a piece of serrated flint. She washed the babe in snow, although it rebelled by kicking and squalling lustily at such a cold reception. Notwithstanding the rigorous conditions surrounding the Eskimo mother in childbirth, the rate of mortality of the babes born will agree favorably with our own deathrate, and the same may also be said of the mother. Nature moves in a mysterious manner to perform her miracles and reproduce herself.

The woman wore a belt or a piece of thong to confine her "parka" around the waist, and to it was fastened by short deerskin thongs, bits of ivory, buttons, leather bags in which she kept tobacco, matches, and other small articles of value. After the snow bath she placed her babe underneath the folds of her "parka," which is the usual resting place of the young Eskimo (although sometimes astride the mother's neck,) and proceeded in a bent over position with staff in hand for support, stepping slowly and laboriously, leaving a trail of blood, to another snow pit about fifty feet away which had been previously prepared. She would not remain any length of time at the place where the babe was born, for it is considered unclean.

Our own women think they have an awful time during confinement, and some of them do, but what a contrast between them and their Eskimo sisters! Just imagine for a moment one of our women confining herself alone and under such conditions!

Generally speaking, from a moral standpoint, the Eskimos are not as immoral as one would naturally suppose. They seem to have a law which is inherent in the hearts of rational beings, to "do unto others as ye would that others should do unto you," and I believe that these people live up to that law more nearly perfectly than do their more enlightened and civilized neighbors. They despise a thief. They are honest in their dealings among themselves and with strangers, but are simple and credulous and are easily deceived, showing they are not liable to deceive others. They are hospitable in their domestic relations, kind and devoted to each other. They have one good trait that is worthy of emulation, that is, the universal consideration paid by all to the very old and feeble. The extraordinary kind and indulgent treatment of their children is a trait common to all of those northern tribes.---*Pacific Medicvl Journal.*

A Pneumatic Sigmoidoscope.*

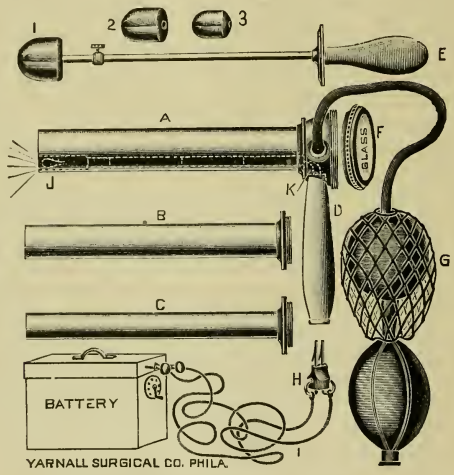
By WILLIAM V. LAWS, M. D., of Philadelphia, Demonstrator of Surgery, Medico-Chirurgical College ; Assistant Surgeon, Medico-Chirurgical Hospital.

Having been especially interested in the study of rectal diseases for several years, I have frequently felt the need of some means by which the rectum and sigmoid colon could be examined thoroughly, and at the same time with safety. The instruments in established use, have, in my hands, proved very unsatisfactory. Not being able to eliminate the element of danger incidental to the introduction of the long sigmoidoscopes, especially, as we had to depend entirely upon the sense of touch for their guidance through delicate and diseased portions of the bowel, I have been very chary

*Abstract of an article published in the Philadelphia Medical Journal, January 20th, 1900.

in the use of them. Such instruments are dangerous in any but expert hands, and even then accidents have been reported, with fatal results, which would not have occurred if the part of the bowel impinged upon could have been kept in full view.

To overcome the objections to the long instruments, as well as allow a more comprehensive view of the entire bowel to be obtained, I have devised a Pneumatic Sigmoidoscope, which I believe is unique in several respects. It consists of a tubular speculum, 7 inches in length, with a screw cap fitted with plate glass over the proximal end; two electrodes run through the handle of the instrument, arranged so as to furnish electrical connection for a 5-candle power electric lamp, on a movable holder, which, when in position, is a short distance from the distal end of and within the tube; just in front of the glass cap there is a small opening into the tube, with a projecting shoulder on the outer side to which the rubber tubing of a double air-bulb is attached. It is also furnished with an obturator, used only to facilitate the passage of the instrument through the sphincter muscles.



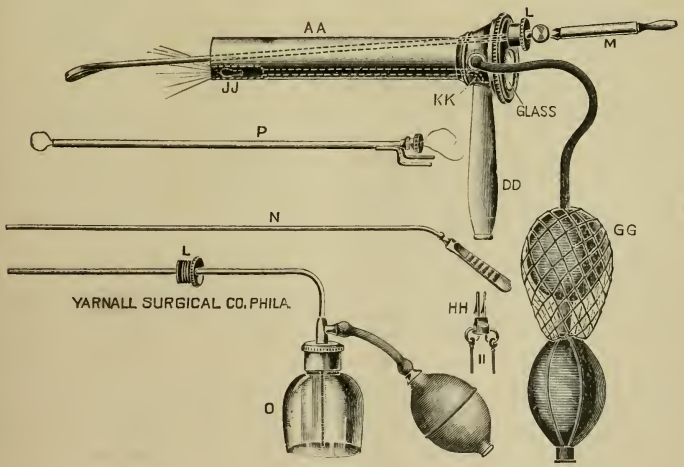
In using the instrument, the obturator is placed in position, the distal end is annointed with vaseline and introduced into the rectum until it is just above the internal sphincter muscle; the obturator is now removed, and the holder containing the electric lamp is placed in position; the glass cap is tightened; the electrical connection with the battery is made, and the current turned on, after which by gradually pumping in air by means of the bulb, the rectum is distended, being perfectly illuminated at the same time by the lamp. After thoroughly examining the lower part of the rectum, the instrument may be gradually pushed up the bowel until the sigmoid flexure is reached, without the least possible chance of doing any damage to the bowel, as it is inflated, and the end of the instrument is under the perfect control and guidance of the eye. In this way every part of the bowel above the sphincter muscles, up as high as the descending colon, may be examined most satisfactorily.

The hand piece, which contains the electrical connections, is made interchangeable, so that any size or length tube may be used. The practical

set consists of three tubes, 20, 25 and 30 mm. in diameter, respectively, and 18 cm. in length. A tube 25 mm. in diameter and 12 cm. in length is probably the most convenient to use in examining the lower part of the rectum, while the same size tube, 36 cm. long, may be found necessary to make the high examination in some cases. The obturator handle is made so that one set of tips with different length rods may adapted to fit any of the various tubes described.

For the examination of the rectum alone, the left lateral or Sims' position is all that is necessary, but if the upper rectum and sigmoid colon is to be examined, it would be better to place the patient in the knee-chest position, in order to facilitate the dilation of the parts. In ordinary cases it is not necessary to give an anesthetic, as the use of the instrument does not cause much pain. In patients with relaxed sphincter muscles it may be necessary for a pad of cotton wrung out of water, to be held closely around the tube, and against the anus by an assistant, to keep the air confined in the rectum. This precaution is unnecessary when the sphincter muscles are normal.

In order to make it possible to administer local treatment to the bowel, while it remains inflated and perfectly illuminated, I devised a special screw-cap with a smaller window, containing an air tight valve arrangement, which will allow the introduction of the probe for making local applications; a curette for treating ulcerations; and electric cautery snare for the removal of rectal polypi, situated high up in the bowel; a spray apparatus, etc., all of which may be manipulated very easily through the medium and large size tubes.



The instrument has been in use for nearly a year, and has proved to be practical in every respect. It has been of great value in giving ward class demonstrations to the students at the Medico-Chirurgical Hospital. Tumors of the sigmoid colon have been shown with perfct distinction as to size, shape and color, general appearance, etc. I am therefore, led to hope that it may have a fair trial by those doing rectal surgery.

Book Reviews.

Secret Nostrums and Systems. A book of formulas compiled by Charles W. Oleson, M. D., (Harvard). Seventh edition. Revised and enlarged. Oleson & Co., 35 Clark St., Chicago, publishers, 1899. Price $2.00.

This book of 250 pages contains a collection of formulas of secret remedies and methods that have from time to time appeared in medical and pharmaceutical journals.

Physicians who desire to learn the composition of the many "patent medicines" used by their patients can find in this one volume the formula of *all*. Knowledge of legitimate medicine is the first requisite of the physician, but a familiarity with the means used by irregulars and quacks often aids the practitioner in putting a quietus on the ever-present busybody with reports of marvelous cure of cases just like this: "by Dr. Smart Aleck's New Discovery!"

The formula of nearly four hundred nostrums are given.

Scribner's for March contains as its leading article the second article from H. J. Whigham's pen on the Boer War, this one dealing with the fights made by Lord Methune's division in its progress from the Orange River to the Modder River.

The Third "Cromwell," by Theodore Roosevelt, deals with the second civil war and the death of the King. Gov. Roosevelt makes an interesting comparison between the conditions prevailing at the end of the English civil war and at the end of our own war between the States—when even the Republican party was divided.

Jas. B. Carrington shows what can be done with the camera in reproducing night scenes in a great city in his illustrated article on "New York at Night."

Fiction is represented by "The Touchstone," a short novel by Miss Edith Wharton, author of "The Greater Inclination." "The Eye of the Harem" is a humorous story of a Bishop by Arthur Crosslett Smith; and another "O'Conner" story by Wm. M. Brown.

The Bookman, published by Dodd, Mead & Co., New York, one of the ablest literary magazines of the day, and, perhaps, the most extensively read by those who wish to keep in touch with the best literature, announce for publication, a serial story for 1900, "Stringtown on the Pike," by a comparatively new writer in fiction, John Uri Lloyd. Dr. Lloyd has long been known to the medical profession and in the scientific world generally for his thoughtful and brilliant works in botany, chemistry, materia medica, and other departments of natural science. The story is thoroughly American, written with all the fascination of the novelist, with the charm and beauty of diction of the trained scientist. We anticipate for "Stringtown on the Pike" a popularity second to no other novel published this year.

The February Coming Age treats its readers to an unusually fine and varied table of contents. Among the principal social and economic papers o this number is Mr. Flower's "Era Elbertus and the Roycrofters," a social study of Mr. Elbert Hubbard's unique experiment at East Aurora, N. Y.

"The Referendum in Boston" is discussed by Professor Frank Parsons and also by the editor. "An Unobjectionable Expansion" is a very suggestive paper in which the author, Mr. I. L. Albert, discusses the rise, progress and inevitable outcome of the trusts, which the author believes under present conditions will lead in a comparatively short time to the nationalization of all monopolies. "Peace, Interior and Economic," by Bolton Hall; "A Garden-Spot of the Northland," a decription of the free lands of Canada and their resources. All these papers are richly worth perusal and will be read with profit by all who are interested in social and economic progress. *The Coming Age* grows better and better with age. It is now without question one of the foremost reviews of opinion in America.

The International Text-Book of Surgery. By American and British authors. Edited by J. Collins Warren, M. D., LL. D., Professor of Surgery in Harvard Medical School; Surgeon to the Massachusetts General Hospital, and A. Pearce Gould, M. S. F. R. C. S., Surgeon to Middlesex Hospital; Lecturer on Practical Surgery and Teacher of Operative Surgery, Middlesex Medical School, etc. Vol. I. General and Operative Surgery. Philadelphia; W. B. Saunders, 925 Walnut St. 1900.

The developments of modern surgery call continually for new books of study and reference, hence the entrance of another work upon surgery needs no apology for its presence. In the "International Text-Book of Surgery" the most eminent specialists in America and England have united to produce a system of surgery which presents in a form easily assimilated, the science and art of modern practice. The vast domain of surgery makes it well nigh impossible for one man to conscientiously cover the field and in yielding to the present tendency to composite works the editors have associated with them as contributors to Vol. I. such men as McBurney, Fowler, Richardson, Tiffany, DaCosta and others of equal note.

The effort of the editors to secure uniformity of teaching and literary style has been thoroughly satisfactory. Vol. I. is devoted chiefly to General Surgery, while Vol. II. will be given up to the various special lines of surgical work. Where all is so excellently done it is difficult to call attention to any special article, but the chapters on Surgical Bacteriology, Technique of Aseptic Surgery, Operations and Plastic Surgery and on Fractures and Dislocations are particularly complete and ably written. The handsome illustrations, of which there are a great number, not only elucidate the text, but are in themselves a work of art. We believe that the editors and publishers have given to the profession a valuable production and one that should finds its way into the library of every physician interested in surgery.

Recollections of a Rebel Surgeon and other Sketches; or In the Doctor's Soppy Days. By F. E. Daniel, M. D. Illustrated. Von Boeckmann, Schutz & Co., Austin, Texas. 1899.

Our readers will recognize in the author of this book the wise, witty and worthy editor of "Redback," the *Texas Medical Journal*, and if you have ever read the *Journal* (and who has not?) you will naturally expect some rich, rare and racy reminiscencies, moreover, you will not be disappointed. The old doctor, the narrator of these reminiscences is well known to the readers of the *Texas Medical Journal* as the "Fat Philosopher," "Our Genial Friend," "The Jolly Old Doctor," etc. He is a portly gentleman of sixty years of age, with a benevolent countenance which is always upon the point of breaking out into wreaths of smiles, while little dabs of humor hang from the corners of his mouth and fun twinkles in his honest blue eyes.

The reminiscences are all short and having no special connection with each other may be taken at random and will prove an interesting way of passing a few idle moments. The volume will prove a desirable one for the office table for the entertainment of waiting patients.

Christian Science--An Exposition of Mrs. Eddy's Wonderful Discovery, including its Legal Aspects. A Plea for Children and Other Helpless Sick. By William A. Purrington, Lecturer in the University and Bellevue Hospital Medical College, and in the New York College of Dentistry upon Law in Relation to Medical Practice, one of the authors of "A System of Legal Medicine." Price $1.00. E. B. Treat & Co., New York. 1900.

We doubt if denunciations of any form of quackery by the medical profession does much more than to give the impostor an extra amount of free advertising and notoriety. We doubt, also, if the world were ever without some such "system" as this so-called "Christian Science," or ever will be. And we believe there will always be found people, even of presumably high intelligence, who will be duped by such teaching. It is gratifying, therefore, to see the absurdity and harmfulness of this new folly brought out by one who, even in the eyes of the laity, can study it without bias. The volume is a compilation of communications to the scientific and lay press. In them are clearly set forth the claims and pretentions of Mrs. Eddy and her followers, as well as the danger to helpless persons and the public health which are their unavoidable accompaniment. The author advises as the only remedy that they be required to exhibit evidence of sufficient education in matters pertaining to disease and health, that they be required to report all births, deaths and cases of contagious disease, and that they be indicted for manslaughter in cases where children and other helpless sick die because they have refused them proper medical aid; also a frequent airing of the absurdity and danger of their pretentions. We would suggest as a quicker method of dealing with them, that they be allowed to treat themselves when sick, and the probability is that there will soon none be left. However, when this dies some fool will start another, and there is still left in the human race enough barbarity to make some people swallow any teaching that smacks of mystery and the super-human.

Lea's Series of Pocket Text-Books, Edited by Bern B. Gallaudet, M.D. Potts' Nervous and Mental Diseases. A Pocket Text-Book of Nervous and Mental Diseases. By Charles S. Potts, M. D., Instructor in Electro-Therepeutics and Nervous Diseases in the University of Pennsylvania, Philadelphia. In one handsome 12-mo. volume of 442 pages with 88 illustrations. Cloth, $1.75 *net*. Flexible red leather, $2.25 *net*. Lea Brothers & Co., Philadelphia and New York. February, 1900.

This volume presents compactly, clearly, authoritatively and at a very moderate price the essentials of nervous and mental diseases. The medical student of to-day is expected to acquire a knowledge of so many branches of medicine, in a limited time, that a manual embodying only the essentials of a subject will, at least, prove useful. The author makes no attempt to adequately treat the anatomy of the nervous system—the size of the volume not permitting more than a discussion of its histology and physiology to refresh the memory upon essential points. *General Symptomatology and Methods of Examination* are treated at length and considerable space has been devoted to *Therapeutic Measures*, including electricity, massage, etc.

The section on *Mental Diseases* composes 45 pages, and it is to be hoped that on account of its brevity many will read it who would not take time to study a more voluminous discussion of the subject—so much neglected by the general practitioner.

The book presents a handsome appearance, being printed in clear type on good paper, handsomely bound in red with gilt lettering. The practitioner as well as the student will find this volume of value.

Transactions of the Mississippi Valley Medical Association—Twenty-fifth Annual Session, held at Chicago, October, 1899. Volume I. Cloth binding. About 500 pages. Edited by the Publication Committee, H. E. Tuly, M. D., Chairman, Louisville, Ky., 111 W. Kentucky St.

This handsome volume looks more like a text-book than the transactions of a society. Besides the minutes of the last meeting it contains forty-seven valuable contributions to medical literature by such men as Drs. J. Wesley Bovee, of Washington; Lewis S. McMurtry, of Louisville; J. A. Stucky, of Lexington, Ky.; Dudley S. Reynolds, of Louisville; Geo. W. Crile, of Cleveland, O.; Chas. L. Minor, of Asheville, and scores of others.

The papers are almost without exception valuable from literary and scientific standpoints and the discussions show that the members are clear thinkers and good talkers.

The volume is well printed and neatly bound in cloth, and is an honor to the Association and a credit to the Publication Committee.

The New Treatment for Gonorrhea.—In discussing the new remedies recommended for urethral irrigation, namely, protargol, argonin, largin and the silver compounds with albumin, Professor W. T. Bellfield, (*Progressive Medicine*, Vol. 4, December, 1899) writes as follows: "The first, (protargol) alone seems to have secured general favor. Neisser, who introduced it, recommends that this solution be injected three times daily, and that each injection be retained ten to fifteen minutes at first, and thirty minutes, later. He states that the gonococci usually disappear from the discharge in twenty days, after which astringent injection, such as the zinc salts, must be used until the discharge ceases. Other observers have had equally good or better results; thus Baum reports fifty carefully observed cases treated with protargol, of these, fifteen were uncomplicated cases of first infection, and in these the discharge ceased in thirteen days on the average, though the gonococci were found in some cases until the seventeenth day. He used solutions of 1 to 5 grains to the ounce, six to eight injections daily, retained for five minutes each during the first fourteen days, after which zinc sulphate solutions were employed. Swinburne and others have combined the two methods, using the permanganate irrigation and directing the patient to use protargol injections. My own experience with protargol has been more favorable than with the permanganate irrigation. I have used irrigations with progartol solution ($\frac{1}{1000}$) once daily, flushing the deep urethal so soon as the first signs of its involvement became apparent, and allowing the patient to use the injection at home. I have combined this with the remedy used by me for twelve years—the yellow muriate of hydrastine, $\frac{1}{1000}$, dissolving both the hydrastine and protargol in the same solution.

Milk Diet in Chronic Intestinal Catarrh.—An exclusive milk diet should have a trial in every case. Skimmed milk can be taken in larger quantities and with less repulsion, and is therefore to be preferred. The exclusive milk diet can be varied with buttermilk, koumiss or wine-whey; and fruit juices, as orange juice, lime juice, or tamarind water, please the patient without doing harm. In the case of adults as well as children the milk is made more digestible by diluting it with barley water or rice water or by adding transformed farinaceous food to milk in the form of Mellin's Food and other foods of this class.—Pepper's "System of Medicine."

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NERVE STIMULANTS.

Pil. Caffeine Cit. 1 gr.
Dose 1. 40c per 100.

℞
Pil. Phosp. cum Bellad.
Phosphorus 1-100 gr.
Ext. Bellad, 1-8 gr.
Dose 1 to 2. 50c per 100.

Pil. Ext. Ignatia Am. 1-4 gr.
Dose 1 to 2. 30c per 100.

NERVE TONICS.

Pil. Assafœtida Comp.
Assafœtida 2 grs.
Ferri Sul. Exic. 1 gr.
Dose 2 to 3. 25c per 100.

Pil. Assafœtida 2 grs.
Dose 2 to 4. 20c per 100.

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The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, ***finds that no two of them are identical,*** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, ***in the property of retaining the strychnine in solution,*** and in the medicinal effects.

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THE CAROLINA Medical Journal.

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THE CAROLINA

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Editorial.

MEETING OF THE NORTH CAROLINA MEDICAL SOCIETY.

The annual meeting of the North Carolina State Medical Society at Tarboro on May 22nd promises to be of unusual interest. Several important matters will come before the Society for consideration and it is hoped that the attendance will be large. The advantages of maintaining a strong and representative State Society have been so often set forth that it would seem superfluous to repeat them here, and yet in some quarters the organization has not received the support it merits. As our State becomes more populous the necessity for, as well as the benefits to be derived from, the Society are increasingly apparent; questions concerning the public health, the medical laws governing the licensing of practitioners and a host of other matters directly pertaining to the welfare of the medical men in the State are bound to arise. The State Society is the sole representative body of some 1,500 physicians and as such it should wield a power commensurate with the numerical strength of the profession it represents. But it goes without saying that it cannot do this unless it receives the loyal support of at least a considerable majority of the medical men of the State. There are many good physicians in the State, however, who are not even members of the Society, and others, who although their names apppear upon the roll but seldom appear themselves at the meetings. It is much to be regretted that

such is the case for no other experience ever takes the place of attendance upon one of our Society Meetings. It is doubtful if even the busiest man, in the long run, loses anything by taking the brief time necessary to meet with his brethren once a year and take his part in the scientific and social features of these occasions. In fact no man of merit and professional ambition can hope to achieve more than a very circumscribed reputation who deprives himself of meeting with his fellows, for they are after all, the best judges of his ability. It is the duty as well as to the interest of every medical man in the State to join his State Society and attend upon and take part in the meetings.

THE DOCTOR AS A BUSINESS MAN.

So much has been said of the poor business qualifications of the average physician, that it is not unusual to see editorial and other articles in the various medical journals written with a view to remedy a defect the existence of which seems to be admitted by all parties. There is a certain proportion of men in every calling of life who have what might be termed a congenital inaptitude for business, but in the medical profession this percentage would appear to be abnormally large. There is something in the close application to any of the liberal professions that conduces to comparative carelessness and indifference towards the mere making and accumulation of money and to a mind taken up with scientific investigations or the alleviation of human suffering, burdened with grave responsibilities and in many instances overworked, there is developed a laxity in the purely business affairs of life that too frequently finds the successful and popular physician at the closing years of his life in reduced, if not indigent circumstances. The reason for this, we believe, is not only a failure to promptly collect accounts, but an inability to keep and manage money after it is gotten. Many a physician commanding a fine income from his professional work dies a poor man. In the medical profession the individual must depend upon his own personal labors, he cannot avail himself of outside aid to increase his practice, he cannot delegate any material part of his work to subordinates. The relationship between patient and physician are too personal for that; hence he is to a great extent a solitary worker. His entire professional capital is embraced in his medical knowledge and his reputation, both the result of years of close application. At his death this capital is irretrievably lost and unless he has taken the precaution during life to convert some of it into a more tangible form his family may be left unprovided for.

While very far from advocating the accumulation of money as the chief end of a physician's labor, in this age of commercialism and "hard cash" it is certainly the part of prudence towards himself and duty to his family that he devote sufficient attention to matters financial as to insure himself and them a certain amount of independence. A little business method in the management of one's affairs is never amiss, and every physician should endeavor to accumulate at least a competency. Most of them can do this by the exercise of the proper self-denial and by investing their savings in the better class of securities or good realty. To attempt to conduct an outside business in conjunction with the practice of medicine is generally a risky undertaking for the busy doctor.

COMPULSORY VACCINATION.

The Supreme Court of North Carolina has recently (February Term) rendered a decision affirming the legality of the law giving the county and municipal authorities the right to enforce compulsory vaccination. The opinion of the court, which was delivered by Justice Clark, exhibits an information and grasp of the medical side of the question which is highly satisfactory; in fact the court makes an able argument in favor of vaccination as a preventive of Smallpox. After briefly referring to the ravages of the disease prior to the discovery of Jenner, the conclusion is justly drawn that, "if this was so in days of imperfect communication, the present rapid means of intercourse between most distant points would so spread the disease as to quickly paralyze commerce and all public business, if government could not at once stamp out the disease by compelling all alike, for the public good as much as for their own, to submit to vaccination. Statistics taken by governmental authority show that while 400 out of every 1,000 unvaccinated persons exposed to the contagion are attacked by it, less than two in a thousand take the disease when protected by vaccination within a reasonable period." Referring to that small class which denies the efficacy vaccination, it is truly said that "there are always some who will deny any other result of human experience however well established." The power of the General Assembly to legislate in behalf of the public weal, even at the cost of some private inconvience is distinctly set forth, "for it is every-day common sense that if a people can draft or conscript its citizens to defend its borders from invasion it can protect itself from the deadly pestilence that walketh by noonday by such measures as medical science has found most efficacious for that purpose."

A PRACTICAL TEST.

The class of minds that most readily "take stock" in the various forms of medical fads, which are just now being thrust so aggressively upon public notice, are not to be impressed by any facts or argument however obvious that conflict with their favorite "system." The followers of Mrs. Eddy would have us believe, for instance that there is no such thing as pain or disease, what is ordinarily termed such by the common mortal being a mere figment of the imagination. The unfortunate who happens to have a colic, locomotor ataxia or scabies has only to allow his mind to become accustomed to the idea that there are no such ailiments to realize a prompt relief. It is true that the Christian Scientists have not yet given an answer to Mr. Clement's inquiry as to why treading upon the caudle appendage of the common house cat should cause that long suffering animal to yell and promptly seek another locality, if it be true that pain is entirely imaginary. But such a vulgar demonstration of feline reaction to physical pain is not likely to seriously engage the minds and attention of the scientific Christian. As has been aptly said, the followers of this cult have been auto-intoxicated with their own verbiage. A Detroit physician has at last proposed a practical test which if tried, would meet the requirements of the case in a way calculated to bring conviction to the densest of the "Scientists." The plan is quite simple and consists in giving the "believer" a hypodermic injection of some substance the effect of which upon the system is well known and see

ing how far the result may be moderated or abolished by the exercise of the power of mind over matter. It is a proposition to which the "Christian Scientists" cannot well object and yet dare not submit. The mere proposal of such a test should be sufficient to convince the mind of a child of the absurdity of their claims, but such is the peculiarity of human nature that these various "faiths" and "systems" of cure will continue to flourish until the soil is exhausted, when the same thing will be brought out disguised under a new name and another generation of men and women will furnish the pabulum for a repetition of medical history. It would seem indeed that there is no humbug in medicine and no heresy in religion so absurd that it does not find a congenial culture medium in the minds of a certain percentage of the population.

Fear of a Disease Lessening Mortality.—"That which they fear people seek to protect themselves against," is a great law pervading the people. Dr. R. G. Eccles, in the *Popular Science Monthly*, gives the following illustrations of this law: No one fails to send for a physician in typhus, yet only six persons in a million die of this disease since efforts were made to suppress it. Four hundred and twenty-eight in a million die of whooping-cough because it seldom frightens patients, and neighborly old ladies of both sexes give advice. Three hundred and forty-nine in a million die of measles becaue it so frightens as to induce the friends to send for a doctor oftener. Two hundred and twenty-two in a million die of scarlet fever, because medical advice is sought sooner, and more implicitly obeyed. One hundred and sixty-eight in a million die of diphtheria, because it frightens still more than the other disease, and induces people to send for a doctor sooner, and follow his directions for its spread to other members of the neighborhood. Thus we might class diseases as more or less fatal as the people are afraid of them and seek the doctors' advice to both prevent and cure. [The man who calls a doctor at the first symptoms of sickness will find at the end of the year that his medical (and undertaker's) bill will be less than ever before.]—*Dixie Doctor.*

Instant Relief of After Pains.—Winterburn says: In many cases a nice warm meal is better than any medicine, still where the pains are exhaustingly severe, I turn to amyl nitrite. This potent drug is a very efficient controller of after-pains, and used cautiously, I see no reason to apprehend harm from it. A neat way of using it is to saturate a small piece of tissue paper with five or six drops, stuff this into a two-dram vial, and request the patient to inhale the odor, when she feels the pain coming on. It acts with magical celerity.—*Louisville Medical Monthly.*

In the Treatment of fractures involving the elbow joint care should be exercised not to institute passive motion too early, and not to use much force in the beginning; otherwise more harm than good will be done. This is especially applicable to intercondyloid fractures of childhood.

Before Operating the surgeon should always find out whether the patient has any malaria history. The discovery of this fact will save many anxious hours when temperature rises suddenly after operation.

Medical News and Items.

Honolulu is now free of the plague.

Chicago is raising a fund to build a tuberculosis hospital.

The North Carolina Medical Society meets in Tarboro on May 22nd.

The Medical Society of South Carolina meets in Charleston on April 18th.

The Board of Medical Examiners of North Carolina meets in Tarboro on May 16th.

The Denver Board of Health reports 536 deaths in that city from tuberculosis in 1899.

Illegal Practitioners infest Hot Springs, Ark., and efforts to "oust" them are being made.

The Meeting of the American Medico-Psychological Association will be held in Richmond, Va., May 8, 9, 10 and 11.

Dr. R. L. Felts a young physician of promise, who recently practiced in Charlotte, has entered the Army service and has been ordered to Manila.

On March 8th, Dr. H. A. Hare gave a lecture for the benefit of the Cuban Orphan Society, his subject being the "Care and Nursing of Fever."

Dr. Lucus F. Foot, of the Elgin insane asylum, is confined to his bed as the result of a beating received from an attendant whom he had repremanded.

There is a Bill now before the New York legislature which requires that all poisonous mixtures sold in quantities of less than eight ounces shall be put up in a bottle of distinctive pattern.

The Railroads Offer reduced rates to those desiring to attend the meeting of the North Carolina State Medical Society. Tickets will be on sale May 15, 16, 21 and 22, good until May 26th.

Ptomain Poisoning.—About one hundred persons were poisoned by chicken salad recently at an entertainment given by by a church missionary society at Lima, Ohio.—*Medical Record.*

The South Carolina Medical Association will hold its Semi-Centennial meeting in Charleston, April 18th, and a large attendance is expected. Reduced rates are offered by railroads and hotels.

Prof. John Ashhurst, who has for the past ten years held the John Rhea Barton professorship of surgery and clinical surgery in the University of Pennsylvania, has tendered his resignation to take effect at the end of the academic year.

Dr. Buckley, editor of the *Christian Advocate,* said at a recent meeting that Christian science, as a system of therapeutics, would have died ere this

if it had not been put forward as a religion; and it would have died as a religion if it had not been put forward as a system of therapeutics.—*Medical Age.*

The Plague has undoubtedly gained an entrance into the United States by way of San Francisco. Cases are reported in the Chinese quarters of that city.

Three Medical Colleges—the University of Maryland, College of Physicians and Surgeons and Baltimore Medical College—have asked the legislature for an annual appropriation of $50,000, to be equally divided between them, they, in return, to furnish ten four-year free scholarships each.

Dr. W. E. Parker, of 124 Baronne Street, New Orleans, La., is desirous of collecting all available statistics on cases of abdominal section for gunshot wounds of the abdomen. Answers to the following are requested: First, what organs were injured? Second, how long between injury and operation? Third, result.

Trials are Being Made at the present time in the Johns Hopkins Hospital of silver leaf as a dressing for burns. As it only adheres to the unbroken skin it affords a good protective dressing which can be renewed without causing pain. The silver leaf is held in place merely by retaining gauze bandage.—*Medical Age.*

University of Pennsylvania, Class of '75.—An effort is being made to secure a reunion of the University of Pennsylvania, medical class of '75, at the coming commencement in June. Every member of this class is requested to send his address and a brief account of his doings since graduation to Dr. Charles W. Dulles, 4101 Walnut Street, Philadelphia.

An Irish View of Dentistry in the Army.—According to the *Northwestern Lancet* for March 15th, two Irish volunteers were being examined prior to enlistment in the British army in Africa. They were refused on the ground of having bad teeth, whereupon one of them said "he thought he was going to the war to shoot Boers, but he didn't know he had to eat them."

The City Board of Health of New Orleans is still fighting smallpox, with its limited funds. There have been about 500 cases with a mortality of 25 per cent. The mandamus suit against the city council for an increase of the appropriation for 1900 adversely decided by the civil district court, has been appealed to the supreme court. The report that the New Orleans Polyclinic has been suspended on account of the smallpox is denied.

We Learn with deep regret, that the firm of D. Appleton Company, the famous publishing house, has been placed in the hands of a receiver. It is gratifying to be assured, however that the embassassment, chiefly growing out of the plan of selling books on the installment plan, is only temporary. It will be remembered that the house publishes the New York *Medical Journal*, one of our most sterling exchanges, but the *Journal* will not be interrupted in its publication. We certainly hope this great house will surmount all its difficulties and continue business with all its old prestige.

Crowded Professions in Cuba.—The Cuban cabinet has decided to adopt recommendations of Señor Barreiro, secretary of public instruction, for the reorganization of the School of Engineers, in order that young men may be able to adopt some other profession than law and medicine, both of which are over crowded. The Spaniards founded an engineering school, but when they found that the graduates were competing with Spanish engineers the school was neglected to such an extent that it became valueless. It will now be raised to a high standard of efficiency.

In a Recent Address in the German Chamber of Deputies, Bossee commented on the high mortality among younger members of the university faculties in Germany, which—under 30 years of age—is three times the normal death-rate. He attributes it to the privations that may have undergone in obtaining their education, sapping their strength, and the strain of teaching twenty-two to twenty-four hours a week, with the efforts necessary to maintain the prestige of wisdom and experience expected of university instructors. After 30 the mortality rate is lower than the average.

The Samuel D. Gross Prize of the Philadelphia Academy of Surgery.—The conditions annexed by the testator are that this prize of $1,000 "shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens." It is expressly stipulated that the competitor who receives the prize shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross library of the Philadelphia Academy of Surgery, and that on the title page it shall be stated that to the essay was awarded the Samuel D. Gross prize of the Philadelphia Academy of Surgery. The essays, which must be written by a single author, in the English language, should be sent to the "Trustees of the Samuel D. Gross prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 219 South Thirteenth Street, Philadelphia," on or before October 1, 1901. Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay. None of the essays received on January 1, 1900, was deemed by the trustees worthy of the prize.

United Confederate Veterans, Reunion of 1900—May 30, 31, June 1, 2, 3.—The following letter explains itself. We hope all interested will comply with the request:

LOUISVILLE, KY., February 17, 1900.

DEAR DOCTOR:—

The Medical Committee desires to make a feature of the Louisville Reunion the assembling and entertainment of physicians who were Surgeons of the Army and Navy of the Confederate States, as well as those who are Veterans and Sons of Veterans.

Let me ask them through the favor of your columns to send me their names, so that the committee may communicate directly with them.

Very respectfully,

PRESTON B. SCOTT,
Chairman Med. Com.

Society Meetings.

The Medical Society, of the State of South Carolina, will hold its annual meeting in Charleston, S. C. on April 18th.

The North Carolina Medical Society will hold its annual meeting in Tarboro, on Tuesday, May 22th—not May 15th as previously announced.

The American Medical Association meets in Atlantic City, June 5-8, 1900. The Committee on Arrangements has asked the railroads for reduced rates—one fair for the round trip—good for fifteen days.

The Twenty-Sixth Annual meeting of the Mississippi Valley Medical Association will be held at Asheville, N. C., October 9, 10, 11, 1900. Chairman Committee Arrangements, M. H. Fletcher, Asheville.

The American Medico-Phycological Association will hold its annual meeting in Richmond, Va., May 8, 9, 10, 11, 1900—not May 1, 2, 3, 4, as heretofore announced. The change in date is made to enable members to attend the congress of American Physicians and Surgeons in Washington, May 1-4.

The Association of the medical officers of the Army and Navy of the Confederate States will hold its annual meeting in Louisville, Ky., on May 30th and no effort will be spared to make the meeting a great success. The officers for 1900 are as follows: Dr. Francis L. Parker, president, Charleston, S. C.,; Dr. J. J. Knott, vice-president, Atlanta, Ga.; Dr. V. G. Hitt, sec. and treas, Atlanta, Ga.; the Rev. A. Toorran Porter, D. D., chaplain, Charleston, S. C.

Deaths.

Dr. A. C. Nixon, of Durant's Neck, N. C., died March 25th.

Dr. E. H. Hornaday, of Willow Green, Greene County, N. C. died suddenly, on March 20th.

The Board of Education of Oakland, California, has been advised by the Board of Health to dismiss from the public schools any teacher or pupil suffering from pulmonary tuberculosis, and to prevent the admission of any such sufferer in the future.

"The doctor told me I mustn't smoke."
"And what did you do then?"
"I got another doctor."

The Carolina Medical Journal.

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The Editors are not responsible for the views of Contributors.

Contributions for the Original Department of The Carolina Medical Journal are received with the understanding that they are contributed exclusively to this Journal.

Illustrations necessary to elucidate the text will be provided without expense to authors when suitable ink drawings or photographs are furnished.

Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

Original Communications.

A Simple Operation for Rectocele—And Repair of the Vaginal Outlet.

By H. S. LOTT, M. D., Salem, N. C.

In offering this procedure I claim no originality, but a simple blending of the men and methods with which my observation and study have been favored.

The cases in which it seems to be most indicated, are those with which the general practitioner so often has to deal. Women approaching, or passing through the climacteric, with the vaginal walls and outlet, in sympathy with the superimposed pelvic organs, in a relaxed and flaccid condition; which may have existed for years, in a greater or less degree, and obtains unavoidably, through the duties incumbent upon wife and motherhood. The uterus and appendages will, in most cases, be cared for by nature's processes, atrophic changes occurring, and the balance struck in a way to give future comfort; but 'tis just at this period that the trauma to the vagina and outlet give most distress; while their patulous condition, inviting access of filth, favors the more alarming and unremediable conditions of the organs above, which so often follow in the wake of this epoch.

These women present themselves with symptoms which are almost uniform, and can hardly mislead. There is dragging pain in the back, a frequent desire to empty the bladder, which, when accomplished, is not satisfactory; while constipation is the rule. Walking or standing increases the discomfort, and the feeling that "everything is falling out" is a constant symptom; added to which the "explosion" of air as 'tis forced from the vagina in sitting, completes the rational signs.

On examination, in the dorsal position with the thighs flexed toward the abdomen, the vulva is found—gaping, the perinæum—lacking both in

tone and tissue, and often presenting between the labiæ—the redundant mucous covering of a rectocele. Passing the examining finger into the vagina —the lateral walls are found flaccid, the anterior wall—relaxed, and in the line of the urethra often exquisitely sensative; while the entire posterior wall is bulged well forward with the projecting rectocele. The uterus is always found to be below the normal pelvic line, and in most cases retroflexed with its fundus well down in Douglas' pouch, where it can be easily mapped out by lifting the cervix forward and using bimanual manipulation.

Now this condition is one which nature will not repair, and it is also one which contributes much to the discomforts of post-climacteric life. A properly fitting Meigs' spiral spring pessary will for a time relieve the symptoms, and make the patient comfortable; but the sagging down increases, the pessary losing its power to give us aid, and 'tis at this juncture that we feel the want of something that will lend the needed help to nature's efforts at repair.

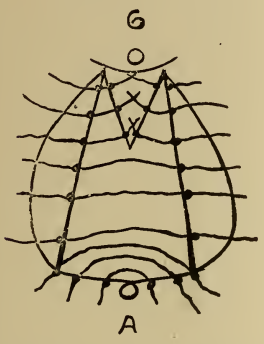
Now with this picture before us, what are the leading indications to be met? Four have occurred to me: (1.) tuck in the rectocele, (2.) take up the slack in the lateral walls, (3.) shorten and strengthen the posterior wall, and (4.) lessen the outlet; thus restoring, as nearly as 'tis possible, the normal integrity of the perinæum and vagina, and giving support to the uterus.

The plastic operation that will be suggested is simple, and to my mind, best meets these indications. The necessary outfit for its performance is not large: a Sims' speculum, a scalpel, a pair of dressing forceps, long and short curved scissors, two tenaculi, a needle holder, Emmet's straight and half-curved perinæum needles, ('tis best to have twelve—threaded with ligature carriers, using each but once), a supply of silk-worm-gut ligatures, and perforated shot, a few hæmostats, sponges—with holders, and an abundance of hot water completing the list. That patient and operator, together with all instruments and material used, must be clean, need not be told; for in plastic surgery we have either *primary union or failure.* The bladder and rectum must be empty.

The patient is anæsthetized, placed in the dorsal position—the hips brought quite to the edge of the table, and the thighs well flexed on the abdomen—and held by an assistant. Before introducing the speculum—with a tenacula in either hand—the labiæ are brought together at a point that will reestablish the normal perinæum; *note this point*, as it marks the terminus of the long incision in each lateral wall; and each case will differ in degree.

The speculum is now introduced and held by assistant, in a manner to retract the anterior wall, and throw light on the field of operation. Now pick up the rectocele at its highest point—and directly in the median line, with either dressing forceps or tenaculum—as its laxity makes best—and with the scalpel make two incisions—one on the right—and one on the left, beginning at its posterior base, and just beneath the cervix, and converging to the point of suspension; thus freeing a triangular tongue of mucous membrane. Next make a long incision through the mucous membrane of each lateral wall—beginning at the posterior terminus of each primary incision, joining the base of the triangle, and extending in a straight line to the point in each labia determined upon in the beginning of the operation. The final incision—across the perinæum—from left to right, between these two points —and just where the mucous membrane joins the outer skin—completes this part of the task, and marks out the intervening surface for denudation.

The denudation may be done with a pair of medium length curved scissors, and dressing forceps ; removing the mucous membrane in strips, and having a care to freshen the entire surface, to the points of the acute angles —on either side—at the posterior base of the rectocele.



Surface denuded, and stitches introduced.

Showing closure, with lines for union.

Now except in vaginæ of unusual length, the closure may be effected with twelve sutures—which is the next step in the operation.

From base to apex of the triangular tongue, and beginning at the base, introduce—with a threaded needle—three sutures on either side ; thus placing six sutures behind the highest point of the rectocele. With the next three sutures, beginning at—and including, the apex of the triangle—bring together in the median line the two lateral walls; which completes the sutures placed within the vagina. The three final sutures—introduced from without, and intended for the repair of the perinæum, should be made to *bite deep*—in the tissues of this body—in order to *pick up* and *unite* the separated ends of its supporting muscles. The ends of each suture are brought together and fastened with a perforated shot—nine within the vagina—and three without, in the perinæum, which completes the operation.

The vagina is thoroughly cleansed with hot water, and a simple gauze dressing—with a vulvar pad, applied. The after care of the patient being such as will insure perfect rest and cleanliness. The stitches may be removed on the eighth day.

The operation does not differ greatly from others much in vogue; but it seems to me that there are some points in its favor, and that it accomplishes with greater certainty, the desired result. The class of patients to which it is most applicable—both demand, and are entitled to, relief ; and its mechanism, when completed, gives promise of attaining the four cardinal wants, viz.: Repair of the perinæum, taking the slack from the lateral walls, removing the rectocele, and supplying in its stead, in the posterior wall—a contracting —cicatricial column, with a pronged projection into the vaginal fornix, which most nearly restores the parts to their normal function—of giving support to the organs above.

A Case of Placenta Prævia, With a Happy Termination.

By J. D. ROBERTS, M. D., Jefferson, N. C.

THE text-books give the much to be dreaded complication of Placenta Prævia as occurring in one case in a thousand. Under these statistics I have experienced more than my share, having treated four cases—two of them within the last year. The first three were all very serious, resulting in the death of one mother and all three children. These I will not report but wish to place on record a history of the last because of some unique features of the case.

Mrs. D. is a very large, robust woman, 28 years old, with 3 children. Early in January, being pregnant near seven or seven and a half months' duration, she contracted a deep cold with a very hard cough. After several days during a spell of straining with her cough, she felt a gush of blood from the vaginal canal, with no pain or other inconvenience. This passed off without in any way alarming her, but was repeated in a week or so with considerable loss of blood, so much so as to prompt the calling of a physician, and I saw her twelve hours later. The hemorrhage had ceased, but she was suffering with a congestion of the bronchi, with hard cough and scanty expectoration. An examination per vagian was unsatisfactory owing to the womb being high and the patient very fleshy, but I did recognize that that there was a slight dilitation of the external os. She insisted that the hæmorrhage was caused by the strain on the abdominal muscles in the act of coughing, and she did not wish any interference with the womb, as she had no uterine pain. This fact alone (absence of pain with hæmorrhage) aroused my suspicions, but in deference to her wishes. I gave appropriate treatment for the bronchial trouble, and decided to remain over night with her. She slept well for six hours, when I was called up on account of another hæmorrhage. A vaginal examination showed an os dilated to the size of a silver half-dollar, with probably an inch of the placenta to be felt loose on the left side, but was unable to reach beyond internal os for further examination. I explained the nature of the case to the family and asked for consultation, insisting on immediate action towards delivery. This they decided to defer until the consulting physician should arrive. Dr. B. E. Reaves saw the case with me the next day and concurred in the diagnosis and the necessity for delivery.

To all of our arguments and representations the patient and family turned a deaf ear, positive refusing to allow any interference whatever with the course of the pregnancy, preferring to take the risks, which were fully explained to them, rather than labor should be produced artificially.

We left with instruction that a physician should be called at once on any reappearance of the hæmorrhage, and ordered that ergot should be given the patient while awaiting the coming of the doctor.

Three days after this the patient's bowels became loose, with some griping pains, followed by uterine contractions which were not at first recognized owing to the griping in the bowels; profuse hæmorrhage followed, with a quick delivery of a fairly well nourished living child, before the arrival of a physician and without the aid of even a midwife.

I saw the patient the next day; found her doing well and in good spirits. The child is still living after three weeks. She states that all of her labors

have been preceded by a diarrhœa. The flooding was excessive until the ergot produced contractions sufficient to force the child's head into the pelvis, after which the labor progressed favorably. The placenta was retained, but without flooding until the arrival of Dr. J. W. Calvard—who delivered it, and tells me that a portion as large as a man's hand, probably one-fourth its area, had evidently been deatached for some time.

I am aware of the fact that the management of this case was not good obstetrics even though the ending was such a happy one, and I would not advise the delay and depending on the efforts of nature for relief in a similar case. I have hesitated on reporting the case for fear some one might be tempted to delay action too long under similar cirumstances with disastrous results. Both Dr. Reaves and myself recognized the dangers of the situation, and would have washed our hands of the responsibilities, had we been able, but knew that public opinion would still hold us in a large measure accountable for the woman and her unborn child. We were then very much gratified at the fortunate ending of the case.

Some of the causes aiding in producing this end might be mentioned. A large, powerful woman—a better *physique* than is usual even with our mountain woman—still quite strong even with the excessive loss of blood—a small child and a roomy pelvis—an easily dilated os, with the relaxing effects of the diarrhœa, all combined—placed the patient in a favorable condition for quick action of uterus under the stimulus of the ergot administered as soon as the hemorrhage was observed.

"The Bete Noire" Cough and its Treatment.*

By W. PEYRE PORCHER, M. D., Charleston, S. C.

AS has been said of asthma, cough is nothing but a symptom of disease or a reflex spasmodic explosion of nerve force. The varieties of cough are as numerous and varied as the different phases of hysteria, with which it is so often found complicated. A writer in Atlanta several years ago said "The euphonic word cough was one familiar to every physician and every household. No guilded mansion nor humble hut has ever been able to bar its doors against its entrance; no clime, no class, no age, can claim it as its own, for its name is but the heritage of the whole world." It is not surprising therefore that I should bring before you a subject so commonplace and yet one of such wide domain. Now in this age of bacteriological research when such extensive investigations are made into the germ theory of disease there is nothing which confronts a physician more difficult to determine than the exact etiology of a cough in its incipiency.

In fact it may be said that physicians are too prone now to attribute everything to systemic infection, to condemn a patient before the etiology of the disease has been proven, to overlook the fact that even though the

*Presented to the Tri-State Medical Society of the Carolinas and Virginia at the meeting in Charleston, S. C., February 20th, 1900.

tubercle bacilli has been found in the sputa, that there is a good chance for the infection to be thrown off and the patient restored to health. I unhesitatingly state here that if every case of cough had to be treated strictly according to germ therapy, the whole literature of laryngology and rhinology would have to be rewritten, but fortunately this is not necessary because no man of the most rudimentary knowledge would now overlook a rhinitis or pharyngitis, or laryngitis, and the proper local applications in the treatment of a cough.

In order to comprehend fully the meaning and effect of a cough it is necessary that we should bear in mind the muscles involved in the spasm and the relation of the thorax to the abdomen. The muscles of the abdomen with that powerful organ the diaphram make up a cavity capable of tremendous contraction and relaxation. The walls of the thorax consist of a bony cavity capable of very small contraction and scarcely any explosive power. The muscles which line this box, however, are intimately associated with those of the abdomen so as to assist in every way the efforts of nature to empty the thorax of accumulated matter without doing injury to the organs of circulation. It would be easy for me to go into detail into the action of each one of these muscles to prove to you that the act of expulsion or expulsatory force exerted in the act of coughing is almost entirely produced by the abdominal muscles and the lungs are only special organs acted on or affected by this expulsatory force just as a log would be acted on by the end of a lever it is of the utmost importance that this action should be fully appreciated because when I state that some others still maintain that it is actually injurious to try to stop a cough you will realize the enormous fallacy of such an argument. The etiology of cough is daily exciting the interest of the civilized world to a greater degree than ever before. Dr. Beverly Robinson at the last meeting of the Am. Laryngological Ass'n in Brooklyn, said that inflammation of the lingual and the pharyngeal tonsils are frequent causes of cough, especially in young children. This enlargement is often caused by irregular habits as regards food and rest, rheumatic discrasiæ, etc. The cough first appears as the irritative variety with but little expectoration, afterwards there is thick muco-pus, and still later streaks of blood. There is little to be learned from inspection in the beginning of the inflammation. The patient after sleeping for several hours, would be aroused by a cough which anodynes would fail to relieve, except for a short time. The tonsil would then appear red and swollen, completely filling the fossæ and overlapping the borders of the glottis. Cough mixtures, expectorants, and external medicaments would not in the least affect this condition. The constitutional discrasiæ should receive careful attention, and the glands should be reduced by daily applications of equal parts of tincture of iodine and glycerine, or entirely destroyed with the galvano-cautery, the snare, or the tonsillotome. Drs. J. W. Gleitsmann, J. O. Roe, and H. L. Swain, all reported coughs caused by these growths.—See *N. Y. Med. Record*, June 11th, '98. Any irritation of the pneumogastric or nerves associated with them may give rise to cough.

Irritation of the external meatus auditorious, the tympanum, the eustachian tube, the posterior or middle portion of the turbinates, the pharynx, the palate, the larynx and bronchi will produce severe paroxysms of cough.

In 1887 under the title of "Cases from Practice in Diseases on the Throat and Nose," I reported "A Case of Pharyngitis Simulating Incipient Phthisis," in which there were numerous bacilli in the sputa. A fatal prognosis had

been made out for the patient. Under the influence of an anodyne cough mixture and local applications of argentic nitrogen the cough disappeared and the patient is now enjoying the most excellent health.

In 1890, under the title of "The Origin of Sputa in Subacute Acute Cough," I reported the case of a man who had a severe cough and who brought up as much as a bowl of sputa daily. The cough stopped and the sputa entirely disappeared in a single night after several applications of a strong solution of lunar caustic to the posterior pharynx and a rather large dose of chlorodyne.

In 1894, under the title of "Throat Versus Lung," I wrote as follows: "A very large proportion of the cases which come to us for treatment consist of what may be called neurasthenic throats, or cases in which either no actual inflammation exist, or in which a previous inflammation has already subsided and left a throat given over to neurotic impulses, such as irritative coughs, pseudo paralysis, spastic, hysterical or functional aphonia, imaginary foreign bodies in the throat, etc., etc. When these cases are brought to the specialist they are at once classified and treated according to the neurotic symptoms which they present. Not so with many of the general profession. Neurotic reflexes, irritative coughs, etc., in the larynx and pharynx are often attributed to some disease of the lungs or bronchi. Even when there is no physical signs of lung involvement a diagnosis of latent tuberculosis is made with or without hereditary taint. As the nerve supply of the larynx and pharynx is so intimately connected with every organ of the body, it would be of the greatest value if we could separate those neuroses, which are due solely to irritation in the upper respiratory tract, from all those reflexes, which are produced by inflammation, or irritation of the lower respiratory tract or from other organs at a distance.

There can be no question that the number of coughs, or the different reflex irritations which are produced by inflammations of the lungs, or from those organs at a distance from the upper respiratory tract, form but a very small proportion of those which have their origin in and are solely produced by local irritation in the larynx, pharynx and nose. These irritations occur generally either as itching sticking or gagging and the desire to cough is irresistable. They are invariably present in one form or another in almost every case of phthisis and it is impossible to say just what part the baccilli play in their production, but a cough attended by one or other of these sensations unless checked in the incipiency generally forms the early history of most cases of phthisis. A number of cases of reflex neurotic coughs were reported which were successfully controlled by treatment limited almost entirely to the nose, naso-pharynx and larynx.

The following deductions were drawn:

1st. In these neurasthenic cases the lung involvement is always a secondary result, and occurs only after a cough has existed for a long time, as proved by the local absence of all physical signs of lung disease.

2nd. As the bacillus has often been found in the throat and nose before it has invaded the lungs, being proof of primary tuberculosis of the throat, and as it has never been found in the lung, until the disease is well advanced, therefore a critical examination should be made in all cases of a cough or diseases of the upper respiratory organs before a grave prognosis is given.

Dr. C. M. Cox, of Brooklyn, N. Y., in an article entitled "A Contribution to the Study of Cough Due to Irritation of the Upper Air Passages" has given so entirely a reproduction of my own ideas on the subject that it is hard for me to keep from quoting the whole article here for you but just in

order to let you see how nearly our views coincide I will quote a few extracts from it. He says:

"The possibility of intra-nasal diseases being the cause of cough has been mentioned by some of the older writers but I believe Sieler was the first to report a case—he published two cases due to hypertrophic rhinitis. He was shortly followed by Hack who reported a case of spasmodic cough due to a fibrus polypus. But the first to give the subject of nasal cough its merited attention was J. N. Mackenzie, who demonstrated that cough was frequently dependent upon intra-nasal disease and could be produced by artificial irritation even when there was no apparent pathological change in the nasal tissues. Others have frequently reported cases of cough due to and cured by treatment of diseases, conditions of the nasal cavities. It is possible for coughs to be caused by irritations or pathological conditions in almost any part of the nasal cavity and there is no unanimity of opinion as to which are the most frequent seats of disease; but it is generally agreed by rhinologists that the most pronounced "cough areas" are situated about the anterior and posterior ends of the inferior turbinated bodies, the inner surface of the middle turbinate bodies and that part of the septum lying opposite the latter. In my experience the two regions most provocative of nasal cough are those including the posterior ends of the inferior turbinated bodies, and the posterior ends of the septum, and the inner surface of the middle turbinate bodies and that part of the septum lying opposite.

"I have in a few instances found cough as a pronounced accompaniment or hypertrophic rhinitis, when there seemed to be no particular sensitive areas, touching of which produced the symptom, but the whole nasal tract was abnormally irritable and the slightest contact of the probe would evoke cough, which would reflexly disappear temporarily under the influence of a weak solution of cocaine, and permanently after the successful treatment of the hypertrophied mucous membrane.

"Rather more frequently have I observed the same symptoms in vasomotor rhinitis and hyperæsthesia of the mucous membrance. That is what we might expect, for the very neurosis undoubtedly causing this condition permits the sympathetic ganglia to have unwonted and exaggerated sway.

"Spurs and deflections of the septum are quite frequent seats of sensitive areas which are productive of cough. In fact exaggerated reflexes are proverbially attendant upon these conditions. In this case of deflections the sensitive area is almost invariably on the convex side, this side being also always the seat of more or less hypertrophy. The posterior end of the septum is frequently the seat of either a unilateral or bilateral swelling of a pale sodden appearance. It is often productive of sufficient obstruction to interfere with nasal respiration. Cough is liable to be caused by this condition. To inflammation of this region and also that of the posterior ends of the inferior turbinated bodies is due in my opinion the tickling cough met with in the latter stages of acute coryza, when the cold is said to have gone to the chest. Time and again have I noticed a cough supervening upon an acute coryza which was most naturally attributed by the patient to the extension of the inflammation to the lower air passes, but which upon closest examination appeared to emanate entirely from the region in question, positively because mechanical irritations with a probe or applicator aggravated the cough, negatively for the reason that there appeared to be no material departure from normal conditions lower down in the air tract and moreover cocainization, or even simple cleansing of the suspected area produced immediate cessation of the cough, without the assistance of any other remedial

agent. The presence of nasal polypi is generally accepted as a frequent cause of asthma. The growths sometimes also induce coughs without asthma."

A cough may sometimes be due to some pathological condition in the naso pharynx. This is not so frequently the case as it is with nasal irritation. The more common causes in this region are adenoids and the accumulation of thick tenacious mucous in chronic naso-pharyngeal catarrh. We are all familiar with the more or less violent hawking and coughing of patients subject to this latter disease, particularly in the morning when the accumulation is greater in quantity, and thicker and more tenacious in consistency, than at any other time of the day, owing to the fact that after some hours during sleep there has been no effort at removal. Many cases of so called morning cough are due to these conditions alone. "Cough due to irritation of the pharynx." In this region we find again more frequent causes of cough. The dry glazed mucous membrane of an atrophic pharyngitis is sometimes attended with the symptom rather more frequently perhaps a granular pharyngitis, or a chronic follicular pharyngitis excites the reflex. In this connection it might be well to mention a form of follicular pharyngitis, to which the term "pharyngitis lateralis hypertrophica" has been applied by Smidt in which the chain of lymphoid tissue extending along the lateral walls of the pharynx behind the posterior pillars is involved being partially or wholly hidden by the pillars, the condition is easily overlooked unless one draws the palatine arch forward with a retractor. Sometimes indeed, the pillar is found adherent to the latteral walls of the pharynx in which case cough is very likely to ensue.

Papilomata, polypi and other growths springing from the uvula, tonsils, or velum, are also frequent excitants of coughs.

If I were asked what was the most important thing to determine in the etiology of a cough I would say find the source of the irritation or tickling, and direct your treatment to that spot if it is possible to do so. White, of Richmond, quotes Long, Cresswell Baber, Schmaltz, Scheinmann, Sommerbrodt, Ensing, Rethi, Cartaz, Lichwitz, Willie, Schadwaldt, Heryng, Schechs, Tornwaldt, Lubinski, and others as reporting cases of cough, due to and cured by treatment of nasal diseases. He also says:

"I have seen persons whose life had been made a burden to them because of a cough which was supposed to be the advanced guard of phthisis, who were dragged from their homes every winter to Florida, Colorado and other resorts for the physically disposed, who had to sacrifice home comforts, business and everything which makes life pleasant to keep from dying when the trouble was a simple reflex one.

"I have also had cases of this kind brought to me to see if the larynx was showing any signs of phthisis when examination showed that the origin of the trouble was in the nose."

Much has been written about the causes of cough, hysterical, convulsive, etc. It has been traced to the intestinal tract, to disease of the genital apparatus, so called uterine cough, to irritation of ear, ear cough, to irritation of the larynx and to constitutional conditions, etc., but the most frequent inciting cause of reflex cough is some pathological change in the naso-pharyngeal mucosa.

Too much stress cannot be laid on this, because I believe that the real origin and cause of cough is seldom correctly diagnosed. Next to the intranasal tissues the spot most often inflamed and irritated by a cough is the pharyngeal or lingual tonsil, and cauterizing that growth with the electric

cautery will stop the tickling so persistent in the throat more quickly than anything I know of.

Chisolm, of Baltimore, divides the causes of cough into nasal, naso-pharyngeal, pharyngeal, lingual, tonsil, laryngeal, aural, gastric, hepatic and that due to reflex neuroses of the reproductive organs as follows:

NASAL.—All physicians who have ever worked to any extent in the nasal cavities, know how frequently cough is excited when the mucous membrane covering the turbinates is interfered with in any way. Some rhinologists have found areas that were more sensitive in the nose than any others.

Mackenzie found the posterior portion of the turbinates more sensitive than any other part, while Lenox Browne found it in the anterior part. Beverly Robinson, of New York, thinks that the irritation of enlarged turbinates pressing against the septum is one of the most common causes. Nasal neuroses dependent upon abnormalities in the nasal cavities have of late taken a prominent place as causal factors, in producing many symptoms before unknown. That such abnormalities play an important role no one can deny who has seen such benefits accrue to patients relieved of such conditions. Deviated septums, spurs, enlarged or hypertrophied turbinates, polypi, can all by reflex irritation be a cause of cough, thence it behooves a physician to examine thoroughly the nasal cavities, when no discoverable lesion can be found elsewhere as a casual factor in the production of this symptom.

NASO-PHARYNX.—Adenoids, besides being an obstruction to nasal respiration are sometimes an active source of coughs. It is frequently the source of post-nasal catarrh and a causal factor in the production of the symptom in question. If such a patient be examined with the posterior nasal mirror, this globular red protruding mass will be seen in the vault, and in the majority of cases coated with a ropy mucous secretion. The only permanent cure for this condition is the total extirpation of the growth.

PHARYNX.—An elongated uvula is another source of cough, its character being of a hacking nature and without expectoration. This little organ has unfortunately too often been imposed on and made to suffer for the sins of other organs. Astringents should always be tried first and these failing abscission can then be performed with striking relief to the hacking cough. Long forceps and scissors are all that are necessary for its removal and uvulatomes should never be used.

LINGUAL TONSIL.—The whole force of a cough is expended against the lingul tonsil enlargement of this glandular structure naturally results and hence its removal or destruction with the electric cautery is indicated in all cases of prolonged coughs. In singers and speakers this enlargement is especially liable to occur and associated with the cough is a feeling of obstruction in the throat, and the sensation of a foreign body present when the action of deglutation is performed. The wire ecrasure, the electric cautery or a specially devised tonsillotome may be used for its removal.

LARYNGEAL.—Anything which will excite irritation of the superior laryngeal nerve will cause cough. Foreign bodies, benign and malignant growths, the accumlation of dirty purulent secretion in the larynx, the inhalation of dried secretion from an atrophic rhinitis all are active causes of coughs, and must be carefully treated before the cough can be stopped.

AURAL.—The cough from irritation of the auricular branch of the numogastric is too well known to need comment, but the removal of impacted cerumen from the external auditory canal, has often relieved a cough of long

standing, *Gastric, Hepatic and Reproductive Organs.* It is unneccesary to comment on these organs as the cause of cough, their influence being too well known."

There is but one form of cough upon which I may be permitted to say a word and that is the purely neurotic or hysterical. Lucky is the physician who has excluded every other symptom and has detected a purely neurotic cough, because he has then everything in his own hands, and he can almost make himself appear to have the power of working miracles. It has occasionally been my good fortune to detect such a case and the result was very gratifying.

TREATMENT.—The treatment of a cough may be said in brief is to find the cause and treat that. If a patient comes whose larynx is hopelessly diseased or cavity formation is very far advanced in the lung or if a female and the menstrual molimen, has disappeared it is the belief of the writer at least that such a patient will be found to have passed the boundary line and that measures looking the euthanasia will then prove the most merciful practical measures to institute. But even where tubercular laryngitis is well advanced, or lung disintegration has become well marked there is still much hope for the patient, and even under adverse climatic conditions, the patient can be assisted to throw off the disease and enjoy many more years of life. Unless the constitutional involvement is very marked or the origin of the disease is distinctly traced to the lower respiratory organs the treatment should be directed chiefly to the upper respiratory organs for it is a sure assumption as it is true that one cough produces another cough that the chief exciting cause will be found in the nose, naso-pharynx, or larynx. If there should be enlargements of the pharyngeal of lingual tonsil, or obstructions, to nasal respirations they should be removed.

The C. and C. mixture of chloroform codeia and hydrocyanic acid will be found to have an excellent effect where there is hyper-irritability of the pharynx. Where there is much naso-pharyngeal catarrh, I have found a gargle consisting of carbolic acid with glycerine, biborate of soda and tannic acid, coagulates the mucous collected on the back of the throat and lessens the sensitiveness. This mucous secretion is generally of a thick glairy white consistency and is extremely difficult to be removed by the patient. The hawking and screatus necessary to remove it makes the inflammation in the pharynx and larynx still more difficult to subdue.

In the persistent cough of early phthisis and tubercular laryngitis I find nothing produces such good results as absolute rest to the throat. I enjoin upon the patient that he should maintain absolute silence as far as practicable. It is my conviction that incessant talking is more productive of injury to an already inflamed throat than any other one factor. Where there is an especial diathesis present strict attention must first be paid to that. The short dry hacking cough of the gouty or lithæmic patient, will never yield to any form of treatment until the diathetic condition is controlled.

One of the most obstinate cases of cough I ever treated would not stop until I put him on anti-syphilitic treatment. The patient was rather stupid and could give no clear history of syphilis. There was a red spot on the left vocal band but none of the diagnostic evidences of syphilis elsewhere. The cough had lasted for a long time before I detected the origin of the disease, but after the anti-syphilitic treatment was instituted the cough disappeared and never returned.

NERVOUS COUGHS.—In order to stop a nervous cough it is necessary to make such an impression on the mind of the patient that he will be entirely

convinced of your ability to stop the cough. This can best be done by treatment both constitutional and local. The constitutional treatment may consist of a pretty sharp cathartic administered for its revulsive effect. I usually make an application of the galvano-cautery to the lingual tonsil because the explosive effect of the cough is chiefly against that gland and if the gland is rendered somewhat sore the effort to cough will be a painful one and the patient will make more effort to control it.

I rarely ever find any cough mixture necessary in these cases but it may be soothing to give the C. and C. mixture above alluded to.

Just what effect hypnotic suggestion has on these cases it is hard to say but there seems to be no doubt that the emphatic assertion to the patient that the cough can and must stop at once appears to go a long way in many cases towards enabling the patient to carry out the wishes of the physician.

Creosote of guiacol administered internally has not been as effective in my hands as has been claimed for it by others, but I have used an injection of guiacol with oil of eucalyptus into the larynx advised by Chapell, of New York which seems to soothe the irritation in the larynx very much.

One remedy which has been very much extoled of late for the treatment of coughs is heroin. I have had but limited personal experience with this drug, it has produced obstinate vomiting even in very limited doses in some cases, however, so that persons will be very cautious about using it.

The Radical Operation for the Cure of Chronic Suppuration of the Middle Ear.

By E. R. RUSSELL, M. D., Baltimore, Md.

THE development of the operation extends over a space of about three hundred years. The greatest excitement and hope that a remedy had been discovered for deafness would be reported. but, soon disastrous results would cause it to be abandoned.

The first recorded opening of the mastoid cells was by Riolanus, in 1649.

It was undertaken for relief of deafness and tinnitus, caused by obstruction of eustachian tube.

In the year 1704, Valsalva syringed a cleansing solution into the tympanum, through an old fistula, the fluid passing out the meatus. Petit, a French surgeon, first performed the operation for caries. Jasser, a Prussian military surgeon, in 1776, not knowing of Petit's work, opened up the mastoid cells.

Jasser knew little anatomy, and in sounding an abscess behind the ear, his sound passed through the diseased cortex, on syringing he was terrified o see the fluid passing from his patient's nose. His earlier operations were very successful, but he soon lost sight of the true indications which were for release of products of inflammation. The death of Baron Van Berger, physician to the king of Denmark, caused the operation to be abandoned. This was in 1791, and for nearly a century was referred to merely as a curiosity of surgery.

In the Ear clinics of Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore, the specialists have been very active in this new work.

The operation as performed to-day dates from 1889.

Both Stacke and Zanfal claim to have been the first to perform it. It has been adopted by many of the chief aurists of the world. The method of performing it is done under aseptic precautions. The instruments boiled for five minutes in two per cent. soda solution. Sterilized cotton and gauze are required. The operator's hands and arms above the elbows are put in aseptic condition, by washing and brushing in hot water, with soap. Then hands and arms are dried and for five minutes are submerged in sublimate solution. The operator puts on a boiled coat and is ready. Of course the assistants are prepared in the same way. The patient, after a bath, has head and neck thoroughly cleansed and dressed in freshly washed underclothes and gown. When on the table, the ear, mastoid regions and neck and side of head are soaped and brushed, and for a radius of four inches from ear is shaved. This region is now rinsed with water, and then sublimate solution used. Clean towels now cover all but the field of operation. The instruments are ready for use, the trephines or drills being conspicuous by their absence, the chisels, mallet and forceps being the instruments that do the work with safety and thoroughness.

Dr Carroll, my instructor on Ear, gives a good description of the technique. The auricle is pulled forward by an assistant, the incision going to the bone, is made about one c. m. behind the attachment of the auricle, beginning somewhat about the linea temporalis and extending to tip of mastoid process (Wilds).

This incision is made early in mastoiditis, though it is looked upon as only the first step in other procedures that may become necessary. The bleed may and often does give relief, though no pus is found. The hemorrhage from the cut vessels being checked, the periostem is cut the entire length of the incision. The membrane and soft parts lying over it are pushed forward and backward—forward to the posterior curvature of bony meatus, back to posterior boundry of mastoid region. The skin of the meatus is put upon the stretch by pulling the auricle forward and out, and with narrow chisel is loosened from the bone of the upper, lower and posterior wall to level of drum, the skin of anterior wall remaining attached.

By making the flaps the skin meatus is removed from field of vision and gives more room to work in.

The flaps are made in several ways. The skin of posterior wall of meatus is cut in the axis of meatus, beginning at medial or free end, going to cartilage of the auricle. The three cornered flaps are held back with hooks, or the incision may go from lower border of posterior wall, turn at right-angles up and go up to the upper border.

The making of bone cavity is the main part of the operation. It consists in opening the middle ear from lateral wall of the mastoid, working from without inward. This is the method of Zanfal-Kuster. The Schwontze operation as done for acute mastoid suppuration, is like the procedure here. In the *radical* operation, the entire wall of external meatus is chiselled away, at the time or just after antrum is opened up. To go from lateral wall of mastoid to the antrum, a canal is made in the bone, the horizontal diameter going to uppermost point of periphery of entrance to external meatus. For the same canal to extend into the attic, the vertical axis must be kept parallel to the axis of the external meatus. The periphery of the opening in the lat-

eral wall of the mastoid goes to linea temporalis above and down to point of mastoid process.

The anatomical relations of the parts are not fixed. One must not forget the cranial fossa and open into sinus by going too far back. If the sinus be wounded, the hemorrhage is controlled by packing the wound with sterilized gauze, and this may in a few minutes be removed without further hemorrhage. Indeed, the possibility of facial nerve being injured should be remembered, also the semi-circular canal may if not very careful be opened.

The opening made in the bone is cone shaped, base in adult externally, about12 m.m., apex in medially about 4 m. m. To avoid opening the middle fossa of cranium when the upper border of the opening has been made on the linea temporalis, the direction of the boundary of canal as it goes into the bone should be a little downward. The direction of the lower boundry of the canal should be upward, so as not to injure the facial nerve and to reach the inferior angle of the triangular space that forms the communication between the upper part of the tympanum and antrum.

Begin with a broad chisels to open the canal; narrow ones for deeper structures. The sound is of service to show when an open cavity is or is not the antrum, of the mastoid antrum the sound will pass forward into the upper part of the tympanum, This shows that the antrum has been opened.

The antrum is about 18 m. m. from the external lateral surface of the mastoid process in adult. This is very variable in individual cases. The sound is of great use and should be freely used to protect the facial nerve and horizontal semi-circular canal. The cellular structure having been removed from the walls of the antrum and posterior wall of the external meatus removed, we have a small piece of bone left to protect facial nerve the epitympanic recess or attic is opened up freely, by taking away its lateral wall, the pars ossea of the external wall of the tympanum. This bony plate is removed and gives a common cavity between the roof of the tympanum and the superior wall of the meatus. The malens and incus come into view on the remeval of the pors assea, and may be removed with forceps.

The lower portion of the tympanum is now opened up, the recess of hypotympanum. This part of the tympanum is under the point of juncture of the inferior wall of meatus, and lateral wall of hypo-tympanic recess. The probe giving direction and its form. The medial end of inferior wall of meatus form lateral boundry, and the corner of this part of inferior wall is removed with chisel. Occasionally the jugular vein projects abnormally into the tympanum and the facial nerve runs on the posterior wall of the recessus hypo-tympanicus. We now have a common cavity of the tympanum the epi and hypo-tympanic recesses, the mastoid antrum and posterior wall of the external meatus. Blood coagula, pieces of bone, sequestra are removed and wound cleaned and irrigated freely with warm sterilized water, but not best to use corrosive sublimate, while the patient is under anesthetic, the fluid might pass into the throat through eustachion tube. It is not an easy thing to cover the wall of the cavity with the skin flaps. One or more sutures to keep the auricle in position, and tampon meatus serves to keep the flaps in position.

The skin incision is left open below for drainage, the wound and auditory canal packed with gauze and cotton, and a roller bandage applied. In about twenty-four hours the dressing may be removed and parts inspected. The middle ear inflated according to the method of Politzer driving secretions into middle ear and wound. The bichloride douche one to one thousand is used, then packed and dressed as before. At first pack lightly for fear of

injury to the facial nerve, later more firmly. Exuberant granulations on the edge of the wound are removed with scissors, as the wound must heal from the bottom, and this requires from one to two months. Pain and sleeplessness on first night may require chloral and bromide of sodium or even morphine.

The morning after the operation the patient's temperature usually is normal, and should it remain so for two days he is allowed to sit up and go about the room.

Cases of Angio-Neurotic Oedema.

By J. Steven Brown, M. D., Salisbury, N. C.

CASE HISTORY.

AT irregular intervals for more than three years I have attended a wiry, plucky little man, aged forty, for an unusual trouble from which he has suffered all his life. At one time a slight bruise on the hand was followed by a rapid intense swelling of the hand and forearm with slight pain, some soreness and redness and local sense of heat. Within twenty-four hours the swelling as rapidly subsided, giving place to a severe colic that yielded only to large hypodermics of morphine. Again similar attacks affected hands and feet, also followed by gastric crises. Usually but one limb was involved in an attack, and the swelling seldom crossed a joint. When two limbs suffered during one attack, a part of the right arm would be associated with a part of the left leg, or a part of the left arm with a part of the right leg.

Again after a long ride over rough roads, the buttocks rapidly puffed up the swelling soon involving the penis and scrotum. Free scarification of the foreskin allowed a thick yellowish serum to escape and gave immediate relief. Exposure on a cold damp night was followed by a rapid swelling about the nose and lip, giving the appearance of poisoning from a bee sting. Rapidly the swelling migrated to other parts of the face, head and mouth. By the time it reached the pharynx, the lip had returned to normal. The anxiety of patient and physician increased when pharynx, glottis, and larynx became a glistening, quivering, glairy, gelatinous mass, with scarce sufficient passage for a little air to enter the laboring thorax. Astringent sprays, hypodermics of atropine, and scarification during the anxious night were followed by such an amelioration of symptoms that the patient was ready for work as soon as the colic subsided the next day. A subsequent attack about the pharynx was cut short by clipping the uvula. Six attacks have reached the pharynx.

Almost monthly during the winter, seldom during the summer, some part of the body suffers an attack. These are usually followed closely by gastric crises. Less frequently the same colic appears without being heralded

by a swelling, especially after errors in diet or indulgence in alcoholics. This colic is never followed by external swellings. Pitting on pressure indicates that the disease is abating. Constipation is marked. Purgatives and enemata avail nothing till the climax is past, unless given very early, when the attack may sometimes be aborted by brisk purgation.

Vomiting is of frequent occurrence. Urine is scanty and red. General malaise and irritability may precede the attack. Patient is dull and stupid during the attack, but feels fine after circulatory equilibrium has been re-established.

Family History.—Father and one sister suffered similarly. Oedema of larynx and glottis proved fatal in both cases—in one at forty one, in the other at seventeen.

Another sister had a large ovarian cyst. A brother died of erysipelas originating at an aching tooth. A son and daughter suffer from gastric crises and enuresis. Altogether the family history is distinctly neurotic, and heredity must bear a part of the blame.

Name.—This infrequent disease is usually called Angio-Neurotic Oedema, sometimes Giant Swelling or Acute Circumscribed Oedema.

Definition.—It is an acute recurrent vaso-motor disturbance, characterized by brief local swellings.

Etiology and Pathology.—It is probably due to exaggerated response to local stimuli. Baker says there is a distinct local nerve mechanism for each vascular area. I think that local irritants like sprains and bruises, exposure to wet and cold, indulgence in alcoholics, and errors in diet, acting on individuals already neuropathic, whether by inheritance or acquirement, unduly stimulate the vaso-dilators of the affected vascular area. This causes an engorgement of the arteries and capillaries. which by diapedesis and exosmosis and grosser filtration through the thin capillary walls, extend to the lympth vessels and interspaces. The rich lymphatic system of the alimentary canal proceeds to its task of vigorous absorption and supplying through the blood-current new lympth to the invaded area. Peristalsis is forgotten. The digestive tract finally calls attention to its deranged condition and is answered in a painful storm. After this all is quiet and serene.

Symptoms.—Sometimes such warning signs as itchiness, irritability, and stupidity precede the attack. The swelling advances rapidly and rapidly recedes. The whole cycle is usually completed in from one to twenty-four hours but may extend over two days. The interval between attacks may be hours or years, but commonly weeks or months. Any part of the body may be attacked, but the more exposed parts—hands, face, feet and alimentary tract—suffer more frequently. The swelling is distinctly circumscribed and varies in color from ashen to red. Pitting occurs only in receding stage of severe attacks. Nausea, vomiting, colic, and, later, diarrhœa may be present. Fatalities are usually due to extension into the larynx.

Treatment.—First prevent the causes by avoiding injuries, exposures and excesses. Enemata or quick purgatives are often useful in the earliest stages. Use warm baths and soothing applications. Avoid counter-irritants. Inject atropine. Mild astringent sprays are useful. For colic inject morphine. Scarify skin or mucous membrane if the severity of the attack warrants the severity of the remedy. Be ready for tracheotomy in oedema of the larynx.

Therapeutic Use of Hot Air. *

By J. C. WALTON, M. D., Reidsville, N. C.

The frequency of occurence of disease and accidents indicating this mode of treatment have made it an inviting field for therapeutic resources; the testimony in its favor is also increasing. What I have to offer, therefore, may be only a repetition of the experience reported by others along this line. It cannot strictly be called a new theory, as heat topically applied has long been known as nature's most beneficent friend, and its scientific administration has been reduced to a more perfect order in our day of modern hygenic progress; the difficulty of obtaining a steady or sufficient degree of dry heat, having hitherto been the unsurmountable obstacle. Moist heat, our usual measure, although remarkably efficient in many varieties of use, could not be endured above a temperature of 130 degrees F., even this, if applied for any length of time, produces irritation of the surface, the changes also necessarily expose the parts to the effects of cold. It has been practically demonstrated that dry heat can be borne at a temperature far above the boiling point, and even as high as 450 degrees without serious discomfort or subsequent inconvenience from irritation of the skin. The physiological effects most noted are relief from pain, relaxation, increased arterial tension, capillary dilatation, and by stimulating the local circulation, heat is effective in promoting absorption of inflammatory exudations, and there may be a hyperemia or diminution of blood to the parts according to the degree of heat applied, and as a sudorific, it is both soothing and stimulating.

A grouping of symptoms to be antagonized by these results would suggest sprains, ankylosis, synovitis, arthritis, rheumatism, gout, lumbago, sciatica, nephritis, uremia, hepatic and nephitic colic, and various other inflammatory conditions. Its most happy results are perhaps to be noted in sprains (traumatic synovitis), the pain is relieved and the effect is so immediate as in some cases to permit the use of the joint after a single treatment. Ankylosis is effected by heat when the joints are not grown together by bony deposits, the tissues are softened and rendered pliable, and adhesions broken up. Synovitis, when resulting from tubercular disesse, is relieved after all other remedies have proven inefficient. Intra-articular injection of iodoform emulsion, as commonly used, cannot be applied in sufficient quantity or strength to destroy the bacilli, and the efficacy of iodoform after injection, is wonderfully increased by the high temperature, and the dissemination of free iodine through the tissues is greatly facilitated, permeating every part of the surrounding tissue, where access to the germs otherwise would be impossible. A most significant question here arises: Why should not the tubercle bacilli be directly killed, or the pabulum for its propagation be so sterilized by such high temperature, as to warrant the as-

* Read at the Fourth Annual Meeting of the Association of Surgeons, of the Southern Railway Company, held at The Jefferson, Richmond, Va., May 29-30, 1899. From advance sheet *International Journal of Surgery.*

sumption that tubercular joints might be cured by this process, since we know that a temperature of 400 degrees absolutely is distructive to the bacilli?

The inflammation of a joint, arthritis, can be a result of several conditions, giving rise to acute pain or stiffness. In all cases of constitutional disease the disease requires appropriate constitutional treatment, as an invaluable adjunct. The affected joint may be subjected to a topical treatment, the heat acting as both constitutional and topical relief. Where the inflammation is the result of injury the heat applied at a high temperature subdues inflammatory symptoms and averts metastasis. Rheumatism, acute, chronic, articular, whatever its character, is due to some check in the eliminative process, uric acid is retained, causing intoxication. Haig in his excellent work on uric acid, states this conclusion: "All substances which promote the free execretion of uric acid do good, in the arthritis, which is due to it, and conversely, all substances which hinder its elimination do harm." Foster says: "That the constringing and contracting of the tissues is accomplished by heat, and there is a good reason to believe that this contraction by heat is more lasting than that produced by cold; and that to promote perspiration, and thus favor elimination, is one of the most important applications of heat. No more perfect example can be had of this, than the action of hot air bath in kidney diseases or uræmia, and that the Turkish bath is less decidedly effective. The production of diaphoresis is effective, too, in the absorption or removal of inflammatory conditions in the body." As a local agent applied to the affected part, heat is soothing; diaphoresis, thus produced, causes elimination of some of the poisonous elements. The kidneys are stimulated, causing increased execretion of urea, and chlorides, the perspiration is found to be strongly acid. The bony-like deposits, characteristic of rheumatoid arthritis are broken up by dry heat, which offers some encouragement, since drugs have not had even a show of success. Treatment in all cases of rheumatic tendencies is best managed by a combination of dietetic, mechanical and medicinal means. A treatment recommended by Trousseau, was to immerse the effected joint or limb in a sand bath heated to 140° or 150° F.; a more effective and convenient remedy is the hot air, as it penetrates the tissues and subdues pain and irritation. Its action upon the kidneys in acute nephritis is instantaneous. The body also becomes bathed in prespiration, which indicates a relaxed state, and the dyspnœa is much relieved.

Case 1. I am now using this treatment upon a boy, in whom both bones in the forearm had been broken, the result of which was a long suppurative process, some of the tendons and much of the tissues being destroyed; the wrist joint and the fingers were at first on the healing of the wound in a partially ankylosed state, and how much was due to the fracture, and how much to the loss of fibre, was impossible to say, the fingers being almost without motion. Now the treatment having been given about three weeks, the stiffness is rapidly disappearing, motion has returned to the wrist joint, and although not able to straighten out his fingers, yet they are regaining strength and motion.

Case 2. L. C., 14 years old, was riding a bicycle when he ran into a cart and and fell, striking his knee and turning it under him. I was called to see him twelve days after the accident; found the knee much swollen and very painful; had not walked a step with it since the injury. I had him brought to the hospital every day for two weeks; after about the eighth treatment he came walking without a stick. There being yet some stiffness, I had him

come for a few days longer, and then dismissed him. There is now no trace of the injury, except a little stiffness, and the boy has been at work sometime.

CASE 3. Young man with tubercular synovitis of the foot, intense pain, preventing his retiring at night. Had been treated in a Philadelphia hospital with intra-articular injections of iodoform, and had taken treatment at Hot Springs, Ark., without any relief whatever; I gave him one treatment with hot air, which completely relieved the pain and he slept soundly. Unfortunately he lived a considerable distance from the hospital, so that we were only able to continue treatment for a few days, this however, afforded conspicuous relief.

CASE 4. Dr. G., druggist. Case of rheumatic gout and arthritis of eighteen year's standing, had tried apparently everything with hope of relief. Had been treated by the most noted physicians of Philadelphia. Went to Baltimore later and was refused admission to the Johns-Hopkins, on account of the hopelessness of the case. He came to us the third of February. I immediately began the hot air treatment by means of the arm and leg apparatus. The characteristic deposits were present in nearly every joint, large and small, some of them partially and others completely ankylosed. Diet was restricted to vegetables, fruit, milk and butter, no tea, coffee or meat being allowed. Each knee and arm were treated every day for the rest of the month. He began by sleeping well at night, being free from pain for the first time in months. By the end of the month he was very much improved in general health, the swelling was reduced and deposits very much lessened. He was obliged to return to his work at that time being much improved in every way.

CASE 5. Mrs. T., history of abortion followed by septicæmia, Was ill, delirious most of the time for six months at home. Pronounced hopeless by her physician; one joint of a finger sloughed away. At end of that time consciousness was fully restored, but her lower limbs were flexed at an acute angle, and absolutely rigid. She was taken to a hospital where she remained for six weeks. While there anæsthesia was administered and limbs forcibly straightened. The pain was intense afterwards, and they became more firmly flexed and rigid than before. I was called to see her after her return from the hospital. Began the hot air treatment and pain was so much relieved that she became able soon to try and straighten her limbs herself, and soon began to walk with crutches. Two months ago she came to the hospital and improvement since then has been so rapid that she has entirely laid aside her crutches, and excepting a slight stiffness in the knee joints, can use her limbs with ease. Massage and passive motion have followed each treatment with rest for the next hour or so. General health is perfect.

CASE 6. (Dr. R). S. R., mulatto girl 18 years old. Both parents died of consumption; scrofulous childhood up to ten, then perfect health to seventeen. Much emaciated, enlarged and stiffened knee (tubercular synovitis). Eight weeks treatment with hot air and constitutional tonics. Restored to perfect condition after eighteen months. No recurrence.

CASE 7. In corroboration of my own experience will briefly report two cases sent me by my friend, Dr. W. L. Robinson, Danville, Va. F. H., girl of sixteen. Tubercular synovitis; enlargement and thickening of knee, three times the size of of other knee. Constant pain day and night, unable to move limb. Tubercular history and diathesis. Treated previously in a hospital for five weeks with plaster cast and constitutional treatment with

no relief whatever, and the surgeon—a man of skill and experience—thought that amputation would be necessary. Third attack, the others lasting from three to six weeks. Six weeks treatment with hot air, followed by massage, placed her on her feet without crutches. Twelve months afterwards perfectly well

The mode of administering the hot air bath is by means of an apparatus made by Frank S. Betz & Co., Chicago, the heat can be perfectly regulated as the instrument is readily understood and easily managed, and cost of apparatus and operating it brings it within the reach of every physician.

All recent injuries or inflammatory conditions are amenable to this treatment. In all chronic enlargements of joints, in which ossification has not proceeded too far, and fibrous thickening of too long standing, in which the tissues themselves are devitilized to an extent that the absorbents and the circulation are so nearly abolished that no power can excite either absorption or circulation through the parts, you may expect marked relief from pain and proportionate improvements or cure. As an aid to osteo-plastic surgery, both before and after operation, its use is to be heartily recommended.

Discussion.

Dr. Geo. R. Dean. Spartanburg, S. C.: I have been interested in the use of the hot air but have never tried it at a temperature over 400. I think the Association is indebted for the doctor's paper. Although I have never used it, I have had some connection with its use. I have known the temperture going over 400 without any bad results, and which 400 degrees did not seem to effect.

Dr. John G. Broadnax, Louisville, Ky.: I feel very much indebted to the doctor for his paper. I have not tried the hot air in acute cases but in chronic cases and sprains that yield very slowly to treatment I know of no remedy with which to reach them better than with the warm air treatment. The doctor states, however, that the apparatus costs almost nothing, but it strikes me as something, the price being $20.00. However, it saves many a man from being addicted to the use of morphine. In my experience with it in chronic cases it gives relief and freedom from pain that no other remedy I have ever seen will do and there is no objection to its use.

Points Worth Remembering.—Time and mode of administering medicines greatly influenced their effects. Iodide potassium given in 0.3 gr. doses in tablespoonful water half an hour before meals will greatly relieve bronchitis in three or four days, whereas the same doses given in half glass of water half an hour after meals has no similar effects in weeks. Iron in hot solution is of value in anemia, in other forms it is of no value—may even be harmful. Morphine in water does not relieve a cough, but given in a viscid, mucilaginous menstrum it is very effective. Sulphate of magnesia 20 to 30 gr. given in a little hot water before breakfast without drinking anything for some time after is attended with good effects in pleuritis. Dissolved in larger quantities of water it does not produce this effect. Nux vomica, digitalis, belladonna (and probably other drugs also) are more effective if their tinctures are mixed with water before being administered.—*Med. Chir. Rundsch.*

Report of Case.

By WM. P. SHULER, M. D., Grover, S. C.

SOME mouths ago I was called to see a woman and found her in the eruptive stage of rubeola, the eruption covering the greater portion of the body.

Her temperature was 102, pulse 110, and she complained of great pain in the lower part of the abdomen, especially when she attempted to urinate. Knowing that she was pregnant I questioned her as to its duration and she assured me that she had not passed the seventh month, hence I did not think it necessary to make a vaginal examination.

The pains did not resemble labor pains, hence I concluded that I had to deal with an ordinary case of cystitis and treated her accordingly, also giving antipyretics to reduce her fever.

In four or five hours after leaving her in this condition I was again called to her and to my surprise found she had delivered herself of a fine 10-pound girl. The baby had the characteristics rubeola eruption over the greater portion of its body. I visited these patients for a few days and they made a rapid and uninterrupted recovery.

I report this case for two reasons:

First.—A lesson was taught me to the effect that the physician should not rely on his patient's statement to too great an extent, as they are liable, unintentionally to mislead the doctor, but always examine closely.

Second.—The presence of the eruption on the child at birth.

To Abort a Cold.—Max Nassauer asserts that an incipient cold in the head can be checked if the nose is thoroughly rinsed out with a weak (pale pink) solution of potassium permangante, which seems to have specific action upon the germs of coryza. It checks colds in the first hour or so. After blowing the nose vigorously, both nostrils are well rinsed out with the solution, the fluid being allowed to run out through the other nostril and through the mouth. Each nostril is wiped out with cotton on the finger. A small, dry plug of cotton is then pushed well up into each nostril, and the nostrils are filled with the solution with the head held back, the cotton being allowed to soak it up. The plug is left undisturbed for about an hour, when it can be expelled by blowing the nose. Even an established cold is favorably influenced by this treatment, but it is the most effective when the sneezing, tickling and increased secretion announce the onset of the attack.—*Practitioner.*

Cocaine.—The use of cocaine in the urethra is attended with more risk than when applied to any other part of the body. It should be positively forbidden in the recently cut or denuded urethra.

SELECTED PAPER.

Taking Cold—Abstract.*

By GREEN V. WOOLLEN, M. D., Indianapolis, Ind. New York Medical Journal, January 13th, 1900.

PROBABLY no other exciting cause of disease is so important, if we consider the various channels through which it travels, the many results, and the gravity of those results, as that known under the phrase "taking cold." The wonder is that it has received so little attention toward its ultimate solution, since it "has ever been a phenomenon of such frequent occurrence that it could not escape the observation of the least curious."

* * * * *

What is a "cold?" It is a derangement of the vasomotor nervous system and the nutritive process, producing a disturbance of the temperature of the body, with general malaise. The attending phenomena are coryza, ocutar irritation, a sense of heat and pain in the head, facial and other neurallias, earache, sore throat—pharyngeal and laryngeal—bronchitis, often with pneumonia, cystitis, rheumatism, suppressed menstruation, etc.

The cause, according to Rosenthal, is the action of cold on the surface of the body, exciting contraction in the peripheral vessels, by which the blood is driven from the surface in upon the internal organs and acts there as an irritant, producing inflammation.

According to Seitz, the cause is "the removal of heat to an unusual extent from the external or internal surface of the body; that this causes some functional disturbance, which in its turn gives rise to certain morbid processes in some portion of the body far removed from the part immediately affected by the cold. That the morbid changes are not due to the immediate or direct effect of this exposure is evident from the fact that, as a rule, a certain length of time elapses before these changes set in."

According to Seiler, "It is a well known fact that the human organism must be maintained under all circumstances at a temperature equal to 98° F., otherwise disease will result.

* * * * *

According to Bosworth,* "the true action of cold upon the body, in producing morbid conditions, is probably on these nutritive changes which are constantly going on, and by which the animal heat is developed. This heat production is going on in all of the tissues of the body." He further states: "There are three factors generally necessary for the production of a cold: low temperature, air in motion and moisture," and that "as a rule one or more of these should act for a somewhat prolonged time."

*Read before the American Laryngological Association at its twenty-first annual congress.

According to Woakes, "the mechanism of taking cold" is that some portion of the body is exposed to a current of air colder and moister than that of the average surrounding atmosphere, and that exposure be continued for a considerable period.

From these quotations we see that these various authors found that external influences, chief among which is cold, impress the external surface more or less; that the impression is conveyed to the internal organism, and that therefrom results nutritional disturbances, expressed in congestion, inflammation, etc.

How do disturbances of the nutritive forces thus produced cause the so-called catarrhal diathesis or disease? Why are some so much more susceptible to taking cold than others? I have long observed that deficient calorification is seemingly the ultimate disastrous result of colds, if, indeed, it is not their initial cause. As we have seen, Seiler and Bosworth take note of the disturbance and the depression of temperature, regarding them as the results of the impress of the external cold. They do not draw attention to what I believe to be a fact—namely, that a subnormal temperature, or a condition of system tending to a subnormal temperature, predisposes to the susceptibility to be impressed by external cold. In other words, the reason one takes cold is that one is *already* suffering often, if not continually, from subnormal temperature. This predisposition I have found very generally among catarrhal patients, and often to a degree alarming and unsuspected, the temperature being as low as 95° F. even in subjects apparently well nourished. As those with a normal or an excessive amount of fat are often deficient in blood, so we often find those, of whom we would not suspect it, unable to generate the necessary amount of animal heat. Even in the cases of those ordinarily of normal temperature I have found occasionally a depression explaining an otherwise unaccountable malaise. Notably are these facts true in the colder seasons.

Now, normal calorification depends, as we know, upon hæmatosis and resulting nutritive action, which in turn depend upon the circulation apparatus, and this, as Woakes rightly insists, is under the control of the sympathetic ganglia and their connecting nerves, the vasomotor system.

But Nature has provided these organs and functions for this specific purpose, and why the failure? This question opens a most interesting field of study. No one that I know of, except Woakes, has attempted its answer. In the section on "the precatarrhal state," in his treatise on postnasal catarrh, he says, in accounting for "the condition of susceptibility to take cold," that "it implies, therefore, the operation in the system, over a longer or shorter period, of certain morbid processes, the combined effect of which produces the precatarrhal state."

He suggests that these "morbid processes" are syphilis extending to the third and fourth generation, inebriety of progenitors, or heredity, transmitting system or organs at fault *ab initio*, and that "in those subjects who from birth onward show a repeatedly recurring catarrhal tendency . . . there is to be found a disturbance of the equipoise between the functions of nutrition and excretion, due to a defective working power inherent in the organs primarily concerned in these processes," as evidenced in "dry, harsh skin, glandular deficiency as respects capacity for work, whether exhibited in the excretory follicular structures of the mucous membrane, in the glands of the lymphatic system, or in the more complicated gland organs of which the liver and kidneys may be taken as representative," and "depreciation of the special nerve centres, the ganglia of the sympathetic, which by the

regulatory influence they exert upon the blood-vessels control the functioning capacity of any given organ." The subject thus handicapped for life has to contend with "errors of diet," "clothing," "atmospheric and climatic environment," etc., greatly taxing the robust and vigorous.

That these "morbid processes" or ætiological factors operate more largely than is generally recognized in the production of catarrhal troubles, especially as perpetuating influences, I am not prepared to deny, but the great prevalence of catarrhal disease forbids the idea that heredity is the sole predisposing factor. I am persuaded that many children, born under favorable circumstances, who would otherwise develop free from this ever-prevailing catarrhal process, are doomed at their primary toilet, or during the first week of postnatal life, to all the evils enumerated as constituting the catarrhal state or diathesis. When we consider its delicate organism and the habitat of the child *in utero*, with thermal regulations perfect, and its sudden extrusion into those most imperfect; when we consider that the danger from this change of conditions is greatly accentuated by its immediate management, or rather mismanagement, by the subsequent utter disregard of its thermal demands, and by the supply of clothing usually fit only for tropical climes, the wonder is not that it has "sniffles," persistent crying to exhaustion, hoarseness, and aphonia, within the first week of postnatal life.

Children are not born with catarrhal disease. Catarrhal disease is of childhood genesis, a fact not recognized by any author, to my knowledge. Adults never contract idiopathic catarrhal disease. The child that passes into adolescence without the disease, and this is exceedingly rare, I regard as safe for life.

There must be a beginning of "taking cold," and any explanation of the process that does not explain the beginning is, of course, defective. Systemic depression of temperature is the beginning. One who can pres serve the normal standard of temperature is safe and does not take cold. The new-born child, be it ever so healthful, cannot do this unaided. Much left can the child described by Woakes do it unaided. And the adult once festered by a more or less continuous subnormal temperature, however caused, is more or less contiunously susceptible to "taking cold." We find, then, that a subnormal temperature, or an inability to preserve the normal temperature, is primarily the beginning of "taking cold," and indeed, of Woakes' pre-catarrhal state."

This condition of subnormal temperature, which, as I believe, thus lies at the foundation of the catarrhal state in subsequent life, is largely due to poorly digested, excessively developed, partially assimilated, and non-eliminated nutritional elements in the system.

Without recognizing the clinical fact of subnormal temperature, Woakes has explained this perpetuating process, and in its elaboration has suggested the rational basis for its successful therapeutics. To follow his analysis and the most modern investigation along this line, in an examination of the products of digestion, assimilation, and excretion, would lead me too far from my present purpose. I need only call your attention to what is known about self-infection to give the key to my suggestions.

I cannot dismiss this feature of the subject without calling attention to the relation of nasal stenosis to faulty hæmatosis and body temperature. That there is a causative relationship between them I am assured from long and careful observation. The fact that the nose is primarily and chiefly a breathing organ indicates the possibility by obstruction of great interference with the respiratory function, which is primarily to supply oxygen to the

system and secondarily to eliminate carbon dioxide, both so essential to hæmatosis and the normal temperature of the body. The mouth will not perform these functions satisfactorily, as is well known to those who have given special attention to this subject. The mouth is an eating organ, and any work it may do in the respiratory process is substitutionary. Mouth-breathers have, very generally, subnormal temperatures. I do not mean that the one condition is the exclusive cause of the other, but I do believe that the one materially contributes to the causation of the other.

The practical deductions from the foregoing are the advisability of the control of the production of the unfit for life's vicissitudes; the more rational care of the newborn, the tender, and the immature; the proper care of the adult body, by the use of clothing that will conserve the body temperature against the ever-changing phases of climate and temperature; watchfulness against overheated houses; attention to the elimination of effete material from the body, by combating constipation, one of the curses of our civilization, and by other depurating processes; and the restoration of the nutritive processes of the system that hæmatosis and calorification may be sustained at the normal standard.

Treatment of Rheumatism.—Dr. A. F. Schellschmidt, (*New Albany Medical Herald*, February, 1900) states that he has had very indifferent results from the administration of the salicylates, as a rule; his cases dragging along, week after week, without appreciable benefit from them. Since last fall he began a systematic exhibition of aspirin in acute rheumatism, and the results obtained have been exceptionally favorable. He gives the drug in doses ranging from 10 to 20 grains, prescribing it in powders, and directing the patient to suspend it in water by the aid of sugar. It is insoluble in water and also in acid media, passing unchanged into the intestine, where it is decomposed. Aspirin was found to have an action similar to salicylate of sodium without the distressing stomach disturbances of the latter. Its action in the author's hands was very rapid, very few cases requiring more than 24 fifteen-grain powders. In one of the cases reported in which the rheumatism was of gonorrheal origin, aspirin gave better results than had previously been obtained from other remedies in similar cases. In only one instance was morphine required to relieve the acute pain. Lemonade was allowed in large quantities. The use of meats was interdicted, and instead of coffee a liberal amount of milk was ordered. The bowels were kept open with castor oil, and hot hop bags were applied to the affected parts.

A New Local Anesthetic.—Dr. G. Frank Lydson, of Chicago, in the *Medical Record*, describes his method of using antipyrin as a local anesthetic. He has used it in a number of cases of urethrotomy. He uses a 10 per cent. solution, which appears to be quite as efficacious as cocaine. The solution should be fresh and should be allowed to remain in the urethra for ten minutes. He suggests the antipyrin solution for nose and throat work in conjunction with cocaine. It is anesthetic and styptic, and, unlike cocaine, is not followed by vascular relaxation. He sums up the advantages of antipyrin as compared with cocaine as follows: (1) Absolute safety; (2) freedom from constitutional effects; (3) distinct lessening of hemorrhage after operation; and (4) less damage to nutrition of the wounded tissue.

Book Reviews.

General and Local Anesthesia.—By Aimè Paul Heineck, M. D., Clinical Instructor in Genito-Urinary Diseases College of Physicians and Surgeons, Chicago; Clinical Instructor in Gynecology, Chicago Clinical School ; Clinical Instructor in Surgery Northwestern University Woman's Medical College ; 124 pages, $1.00. G. P. Engelhard & Co., Publishers, 358-362 Dearborn St , Chicago.

The topics include the uses of Chloroform and Ether; the use of Anesthetics in Childbirth; Anesthetics for Diagnostic and Therapeutic Purposes, Anesthetics in Surgery; Selection of the Anesthetic as governed by the nature of the Operation; Posture and Preparation of the Patient; Rules for Administration of Chloroform and Ether; Precautions Before and After; What to do in Cases of Accidents; Methods of Applying Local Anesthetics; the Use of Cocaine in Nose and Throat; in Genito-Urinary Surgery; Precautions for Cocaine Anesthesia; Infiltration Anesthesia and its Technique.

This little book is practically the only special work on the subject of anesthesia in the English language.

It is well written; clear in statement; concise and to the point, every page containing statements of value. Any medical man can obtain undoubted service from it.

Diseases of the Nose and Throat, By J. Price Brown, M. B., L. R. C. P. E., Member of the College of Physicians and Surgeons of Ontario; Laryngologist to the Toronto Western Hospital. Laryngologist to the Protestant Orphans' Home; Fellow of the American Laryngological, Rhinological and Otological Society; Member of the British Medical Association, the Pan-American Medical Congress, the Canadian Medical Association, the Ontario Medical Association, etc., etc. Illustrated with 159 Engravings, including 6 Full-Page Color-plates and 9 Color-cuts in the text, many of them Original. 6¼x9¼ inches. Pages xvi–470. Extra Cloth, $3.50, net. The F. A. Davis Co., Publishers. 1914--16 Cherry St., Philadelphia.

The author, a general practitioner for 20 years and a specialist for 10 years, has written a most useful book for the family doctor.

In this rushing age, when a thousand and one duties press the busy doctor, a work of this class, to be of real use, must be terse and to the point. The author has succeeded in producing such a work. The book is profusely illustrated, containing several colored plates of real value to the student and practitioner. Among these, and deserving special mention, are full page illustrations, in color, showing frozen sections of the head from occiput to chin. In the matter of treatment the author is concise and clear, giving that found most useful in his hands to the exclusion of a tiresome resumè of sterotyped methods.

Gould's Pocket Medical Dictionary ; fourth edition. Enlarged to 30,000 words. P. Blakiston's Son & Co. Philadelphia. 1900. $1.00.

Between the covers of this little book is contained a remarkable amount of practical information. The issuing of this edition is coincident with the sale of 100,000 copies of Dr. Gould's Dictionaries, a success that is phenomenal, and could not have been attained but for the fact that the subject matter

of the Dictionaries is of the highest order and the printer's and binder's work has been done well and the price is low. Just think of it! This pocket edition is bound in leather, contains 837 pages and defines 30,000 words. Price $1.00 only.

A Text-Book of the Practice of Medicine.—By James M. Anders, M. D., LL. D., Professor of the Practice of Medicine and of Clinical Medicine in the Medico-Chirurgical College, Philadelphia; Attending Physician to the Medico-Chirurgical and Samaritan Hospitals, Philadelphia, etc. W. B. Saunders, 925 Walnut Street, Philadelphia, Pa. Complete in one handsome octavo volume of about 1,300 pages. Fully illustrated. Prices: Cloth, $5 30 net; sheep or half morocco, $6.50 net. Third edition. 1899.

In the space of two years the demand for this excellent work of practice has necessitated the issue of three editions. The volume before us is the third and latest edition and we notice the following more important revisions and additions:

The Chapter on Infectious Diseases has received special attention and brought up to date. Among the new subjects introduced in this volume, we may mention Glandular Fever, Ether-Pneumonia, Splenic Anemia, Neuralgia Parœsthesia and Periodic Paralysis. The following affections have been entirely rewritten: The Plague, Malta Fever, Diseases of the Thymus Gland, The Liver Cirrhoses and Progressive Spinal Muscular Atrophy. The chapters on the following diseases have been extensively revised: Typhoid Fever, Yellow Fever, Lobar Pneumonia, Dengue, Tuberculosis, Diabetes Mellitus, Gout, Arthritis Deformans, Autumnal Catarrh, The Diseases of the Circulatory System, more particularly Hypertrophy and Dilitation of the Heart, Arterio Sclerosis and Throracic Aneurism, Pancreatic Hemorrhage, Jaundice, Acute Peritonitis, Acute Yellow Atrophy, Hæmatoma of the Dura Mater and Sclerosis of the brain.

Dr. Anders has taken this opportunity to improve his classsification of diseases, and under the unusual head of "Diseases of Unknown Pathology" has classed a whole series of diseases, the origin and nature of which have as yet been but imperfectly understood. We think that students and medical men will appreciate this arrangement.

In contradistinction to some authors of note, Dr. Anders gives special attention to the all-important question of treatment, in which he is clear, practical and pointed, a feature of the work especially to be commended. As is to be supposed, the author gives due consideration to the latest advances in organic-therapy and while eminently conservative and practical in his teachings, is not slow to recognize the possibilities in this line of investigation. Another characteristic of the present work which is to be highly commended is the space given to differential diagnosis. In many diseases diagnostic tables have been prepared—there are some sixty of these tables in the book—which will be found highly useful in settling difficult points in the recognition of diseased conditions.

In spite of the new matter which finds a place in the third edition the volume itself is not appreciably larger, so carefully has the anthor condensed his text and omitted non-essentials. As a practical, up-to-date work, for daily use, we can cordially commend the present volume.

Scribner's for April.—The leading article "The Charm of Paris," by Ida N. Tarbell, should be of unusnal interest to the many Americans who expect to visit Paris this summer. It is well illustrated and charmingly written.

Roosevelt's "Oliver Cromwell," deals with the history of the troublesome times after the overthrow of the English Soverign and House of Lords when "the Commonwealth had not a friend in Europe." Following is the account of the Irish and Scotch Wars. The illustrations are profuse and excellent.

The "Light that Failed Not"—a short story of lighthouse life near the Gulf of St. Lawrence in the early days—by Henry Van Dyke (illustrated), is well worth the reading. The devotion to duty, so well protrayed, is pathetic and inspiring.

The Boer War is represented by "Magersfontein," by H. J. Whigham—illustrated with photographs taken on the spot. The author describes the march of the British from Modder River and recites the incidents of the battles resulting in the destruction of the Highland Brigade during the night attack.

Mind.—The Alliance Pub. Co., New York, for April contains:
Judicial Aspects of Mental Therapeutics, J. E. Hotchkiss, A. M., Ph. D.
The Rationale of Concentration, Jos. Stewart, LL. M.
Why I Believe in Reincarnation, John Barker.
Is Matter Real ?, Charles Willing Beale.
Man His Own Savior, Hessay Graves.
My Religion—(*Poem*), Philip Johnson Fishback.
The Uses of Adversity, B. W. Williams.
Possessing One's Soul, Josephine Veriage.
Helpful Hints, Y. E. Kras.
EDITORIAL DEPARTMENT.—The Growth of "Mind", "Health and Happiness" Number—Not All Sweetness and Light—Another Crusade—The Philosophy of Leibnitz.
CHILDREN'S DEPARTMENT—Conducted by Florence Peltier Perry.

Religious Papers in "The Coming Age."—There are some excellent religious papers in the March number of the Coming Age. Perhaps the one which will command the widest attention is entitled "The Relation of Religious Classes to Social Regeneration." It is written by the Rev. Gustavus Tuckerman, and one of the foremost authorities in the Episcopal church, on reading this contribution in manuscript, said: "I wish that that article might be placed in the hands of every member of our clergy." Kenneth S. Guthrie, A. M., Ph. D., contributes a study of Victor Hugo's Poem on "God." Rev. Charles R. Brown appears in a suggestive social study entitled "The Employments of the World to Come," and the Rev. R. E. Bisbee writes at length in a critical paper on "The Kinship of Souls," being a sympathetic study of Dr. Reuen Thomas's beautiful romance. There are many other features of special interest to the general reader in the March number of The Coming Age.

A Short Time Ago a woman aged forty-eight died at St. Peter's Hospital Brooklyn, where she had been under treatment for some time. An autopsy reveiled the fact that death was due to a puncture of the lungs by a short piece of fine wire. The wire appears to have been enbedded in a large piece of bread which she accidentally swollowed—*Medical Age.*

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Pil. Assafœtida 2 grs.
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Therapeutic Experiences and Suggestions.

The object of this department is to afford the profession an opportunity to discuss, pro and con, the newer therapeutic agents.

Nausea or Anesthesia.

Nausea and vomiting following anesthetic is sometimes a distressing as well as dangerous condition, and it behooves us to avoid it as far as possible, not only for the comfort of the patient, but for the reason that in serious surgical interferences it may place life in peril.

Says the "Therapeutic Gazette:" "Blumfield, in the *London Lancet* of September 23, 1899, observes that some of the chief points to be attended to in the avoidance of after-sickness are: 1. Use as little of the anesthetic as possible consistent with perfect anesthesia. 2. Wash out the stomach at the close of the operation when much mucus has been swallowed. 3. In long operations, substitute chloroform for ether after three-quarters of an hour. 4. Move the patient about as little as possible during and after the operation. 5. Place him on his right side in bed, with the head only slightly raised. 6. Give nothing but hot, thin liquids in small quantity for at least eight hours after. 7. Do not alter the temperature of the room for some hours. With proper attention to these points one-third of the patients operated on will be free from after-sickness, and for short operations the proportion will be much higher still. In fact, after all, administrations up to twenty minutes, or not much longer, sickness will be found to be the exception."

I have for some time given Ingluvin in liberal doses (10 to 20 grains) just prior to the anesthetic, and have been favorably impressed with its use, and would suggest its thorough trial by the profession.

Two cases are reported from the Hospital College of Medicine as follows:

Case No. 1.—Mrs. B.; age 30; operated on for complete laceration of the perineum. She had twice before taken chloroform, and after each administration suffered from severe vomiting. She took 3 10-grain doses of Ingluvin six, four and two hours before the operation and experienced almost no sickness after coming from under the anesthetic.

Case No. 2.—J. H.; age 34; amputation at the hip joint. This man said he dreaded nothing but the chloroform, as at a previous operation he had suffered in a most distressing manner from that anesthetic. I directed the nurse to give him 10 grains of Ingluvin six, and two hours before the operation. He vomited only once after coming from the table, and though he suffered some considerable shock and much pain, had no complaint of nausea.

Dr. E. H. Gingrich, 511 Cumberland Street, Lebanon, Pa., especially recommends Ingluvin for the vomiting so frequently experienced by patients coming out of anesthesia.

Prof. Hobart Armory Hare, in "Practical Therapeutics," writes:

1. "That chloroform or ether vomiting is probably centric."

2. "Upon the mucous membranes, ether as a liquid or in a vapor acts as an irritant, and causes, when its vapor is first inhaled, great irritation of the fauces and respiratory tract."

Ingluvin is valuable on account of its mildly depressing the sensitive nerves of the stomach thus lessening the irritation of that organ. The vomiting centres are subdued, with the result that vomiting is controlled.

For vomiting succeeding anesthesia, Ingluvin should be given 20 grains one hour before the administration of ether or chloroform, and immediately after coming out of the anesthesia, one 20-grain powder; to be followed every hour by 5-grain powders, until vomiting ceases. Usually the 20-grain powder will be found effective. Ingluvin is a bland powder prepared from the gizzard of the chicken, and contains nothing which might contraindicate its use in surgical operations as specified above.

It has long been used as a remedy to allay persistent vomiting of gestation with eminent success by many practitioners throughout the world. It therefore is not a new preparation, but simply an old remedy in a new capacity. Some months ago a professional suggestion was made to use it for the nausea of ether. Subsequent tests and their results have warranted its recommendation to the medical profession. Samples will be sent to any physician who wishes to test it in vomiting of anesthesia. Write W. R. Warner & Co., Philadelphia, for a sample.

The Treatment of Cystitis and Prostatitis.—Dr. Richardson, of Denver, (*Medical Review*, February 10, 1900) states that abont 12 years ago he commenced treating cases of cystitis and other diseases of the genito-urinary organs with injections of iodoform. Although this treatment proved of value it was quite often attended with considerable irritation and even abscess formation. Later he substituted europhen for iodoform and has since obtained much better results without any of the irritating effects of the latter. The europhen was found to rapidly yield its iodine in the presence of urine, thus maintaining a constant germicidal effect upon the infected parts. Dr. Richardson's treatment in subacute cystitis consists in injecting, with a special syringe, a mixture of europhen in pure olive oil, 10 grains to the ounce, into the bladder every other day. In place of the olive oil an ounce or an ounce and a half of distilled water, with or without glycerine, may be employed. From three to six treatments usually cure a case of subacute cystitis, while in cases of chronic prostatitis, with urethral discharges of years' duration, and chronic gonorrheas of long standing, excellent results were also obtained. The position of the patient during the treatment is flat on the back with knees drawn up, and he should remain in this posture for at least 20 minutes, the fluid being retained as long as comfortable. Even in cases of severe cystitis attended with dribbling of urine and great discomfort, the injections of europhen speedily relieved the pain and tenesmus. The cases reported comprised chronic gonorrhea, and prostatitis and cystitis of various origin.

Malarial Anæmia.—Prof. Charles J. Vaughan, M. D., Asst. Chair of Obstetrics & Gnyæcology, Atlanta College of Physicians & Surgeons, Atlanta, Ga., reports: "In treating several cases of malarial anæmia I had most complete success in four instances in which I used antikamnia and quinine tablets. This may seem a very simple remedy and the fact that no ferruginous preparations were administered is in line with the latest theory that the giving of iron in anæmia is not scientific.

Report of one case may be fairly indicative.

Jno. E.; aet. 33; a resident of southern Mississippi. For the past ten years, has worked in malarial regions. A number of severe paludal infec-

tions have sapped his strength, and greatly reduced his vitality which was previously abundant.

The most recent attack was pernicious intermittent fever which gravely endangered his life. When sufficiently recovered to travel he came to Atlanta when I was consulted. I noticed a marked enlargement of the spleen, and the anæmia which had existed for some time was alarming in character. The patient's nutrition was greatly diminished and he presented a typical picture of malarial cachexia.

After careful examination I ordered thorough hygienic measures and prescribed antikamnia and quinine tablets, one every hour during the day for the first three days after which they were reduced to one every two hours during the day. This treatment was continued. At the expiration of four weeks the patient was convalescent, had gained 13¾ pounds, was able to eat well and sleep well and showed no signs of anæmia whatever.—*The Magazine of Medicine.*

Sanmetto in Chronic Orchitis.—J. A. Stothart, M. D., Savannah, Ga., reports the following case: "During November, 1898, a Greek fruit vender called at my office, suffering with chronic orchitis. The patient stated that the first attack occurred four years prior to this time. During the four years there had never been more than two and a half months between the attacks. He had been under treatment most of this time, and several times in the hospitals, and had been discharged as cured by several physicians. The testicle had almost arrived at the condition of ossification, but at no time had there been any pus formation. I prescribed sanmetto, and directed that the treatment be continued for two or three months. My treatment was carried out to the letter, and there has never been any return of the trouble since beginning the use of sanmetto. I have used sanmetto in other urethral troubles with very satisfactory results."

Bromidia in the Treatment of Epilepsy.—The *New Albany Medical Journal* for November, 1898, contains an article on "Epilepsy Treated by the Use of Bromidia," by T. Edward Converse, M. D., of Louisville, Ky., which, after discussing the use of medicines chiefly relied upon in the treatment of that disease, and giving the needful hygienic measures in considerable detail, concludes by referring to "the question often raised: How long will the patients have to keep up the treatment?" If the bromides are given, they should be continued for at least two years after the last convulsion, or if combined with the chloral hydrate in the form of bromidia, a year and a half is sufficient in most cases. If the patient is having several attacks during the day, a teaspoonful of bromidia after the attack and repeated in an hour will abort the next attack; but, as a rule, one teaspoonful will be sufficient.—*Sanitarium*, April, 1899.

Dr. Edward Francis Brady in an article entitled Epilepsy (*Hospital Bulletin and Clinical Reports*) says: I do not approve of the Gowers plan of treatment. The dosage is too massive and I think unsafe. The danger from collapse is always to be feared, and if that is escaped bromism is almost certain to be produced. I think that the combination of all the bromides, the potassium, sodium, ammonium, calcium, and lithium is the best form in which to use them, for that reason I always use Peacock's bromides. This preparation contains the five bromides and is a safe, reliable and staple article and by its use we escape the substitution of pharmacies.

Influenza's Insidious Attacks Repelled.—The coal-tar products were found to have preat power as analgesics and antipyretics long before experiments in the therapeutical laboratory had been conducted to show their exact action. As a result of this laboratory work we know now that some products of the coal-tar series are safe, while others are very dangerous. Antikamnia has stood the test both in the laboratory and in actual practice; and is now generally accepted as the safest and surest of the coal-tar products. Five-grain "Antikamnia and Codeine Tablets," each containing 4¾ grains Antikamnia, ¼ grain Sulph. Codeine, afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the throat, as well as the coughs incident to lung affections.

That Codeine had an especial effect in cases of nervous coughs, and that it was capable of controlling excessive coughing in various lung and throat affections, was noted before its true physiological action was understood. Later it was clear that its power as a nervous calmative was due, as Bartholow says, to its special action on the pneumogastric nerve. Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tract.—*Chicago Medical Times.*

The Country Doctor, a colored reproduction of W. Granville Smith's famous painting is being mailed to physicians desiring a copy by the Arlington Chemical Co. We consider this picture suitable to decorate the walls of any physician's office, as it faithfully portrays a "life scene" the like of which is experienced by every country practitioner.

The Test of Time and Experience is the title of a brochure, by Mr. Fellows, the maker of the justly famous Sprup of Hypophosphites Compound. The writer indicates the class of cases in which the Hypophosphites are indicated and concludes by quoting opinions of various eminent practitioners in regard to the proper administration of tonics.

F. E. Harrison, M. D., Abbeville, S. C., says: I have used Celerina in appropriate cases, and can heartily recommend it to all who wish an elegant preparation, combined with an undiminished therapeutic activity. It is peculiarly fitted to such cases as delirium tremens, headache from debauch or excessive mental or physical exertion.

"**The Essentials of Hematology**" as a guide to blood work for the general practitioner is eminently accurate and thoroughly up-to-date. Write the Palisade M'f'g Co. Yonkers, N. Y., for a copy.

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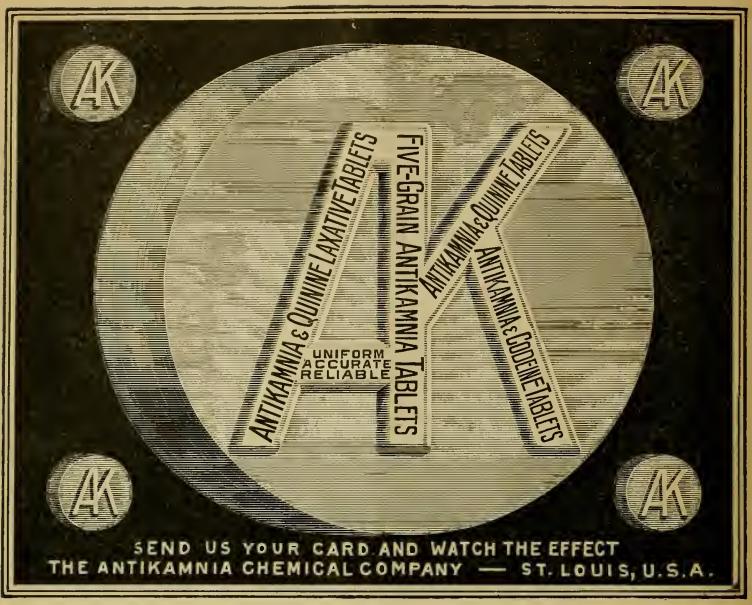

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THE CAROLINA

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Editorial.

"PROFESSIONAL CHEERFULNESS."

Bill Nye, the philosophical humorist whose kindly and original satire we know no more, once said that he would never attend a sad play because he didn't care about paying a dollar for a sob.

Unfortunately Mr. Nye, in this as in many other particulars, is rather unique. The world is too full of those who will persist in exchanging their hard-earned dollars for artificial sobs; people who, overlooking the real humanity, the almost divine sympathy of true cheerfulness, school themselves into the belief that a sour visage and a clear conscience are necessary concomitants. Those who would grow old heads on young shoulders and who would like to see enforced the good old Puritanical laws which those men and women of rock and vinegar brought over with them on the Mayflower near three hundred years ago.

Now it has sometimes seemed to us that we of the medical profession have this view of gravity, this bump of seriousness so to speak, very much overdeveloped. We are too much inclined to suppress the gladness in our natures least we should be supposed flippant or unbecomingly gay. We are prone to forget that the funeral aspect belongs to the days of the wig, black

small clothes, gold-headed cane, snuff box and medical mysticism: the days when our medical progenitors had to maintain extravagant dignity to inspire the confidence their knowledge failed to produce.

Nowadays, we think we are justified in asserting, the medical profession has made such advances that we are not in need of artificial gravity and awe-inspiring gloom of countenance to gain the confidence of our patients.

We believe that the physician who "prescribes nourishing food, plenty of sunshine, air and cheerful company" for his patient, too often forgets that he would be the most acceptable "cheerful company" in the world for the sufferer if he would only bring himself to be cheerful.

In the *Medical Age* of April 10, 1900, there appears an excellent editorial article on "Professional Cheerfulness." The writer dwells very strongy on the importance of cheerfulness in the professional outfit of a physician, and draws an interesting distinction between this and optimism. All in all this article is timely and cannot fail to interest a large circle of readers. We heartily concur in the views expressed in this editorial and trust that the "faculty of working on the bright side of things," as this writer puts it, will be more extensively cultivated."

TIC DOULOUREUX, AND ITS SURGICAL TREATMENT.

In a late number of the *Journal of the American Medical Association* appear several articles upon the "Fifth Nerve in Its Neurological and Surgical Relations." Chief among these is the report of Dr. W. W. Keen, giving the histories of cases of resection of peripheral branches of the fifth nerve for the relief tic douloureux. Probably there is hardly any disease which gives rise to more atrocious suffering than the trifacial neuralgias. The unfortunate victim of tic douloureux commonly runs the gamut of remedial agents without experiencing more than the most temporary relief; consults the most distinguished members of the medical profession, and in despair resorts to the notorious quack and charlatan; tries the various fads and "systems" of cure with which our country so abounds, but his terrible disease too often proves obdurate to the best directed efforts. There are few drugs which have not at one time or another been tried in trifacial neuralgia mainly without effect, so that sooner or later the patient comes to rely upon morphine as his sole refuge, and even this frequently gives but partial relief. Trousseau declared that opiates in huge doses were the only effectual treatment, and Hirt says: "Whatever we may think about morphine in tic douloureux, especialiy in severe instances, we cannot dispense with it." The latter also discourages surgical intervention, as the results are usually negative and even in successful cases the good effects are generally but temporary. We are inclined, however, to agree with Dr. Keen, who claims that resection of the peripheral branches is an entirely justifiable operation, in spite of the only transitory relief usually obtained, at least until the mortality following the removal of the Gasserion ganglion is materially reduced. In the three cases reported by him there was a very considerable abatement in the pain, lasting from one to two years. Where the pain returns a secondary operation is, in his opinion, a wise procedure, although in none of the three cases reported by him had the pain returned with sufficient severity to necessitate another operation. The reproduction of the

nerve after resection of a considerable portion is sometimes very surprising. Dr. Keen mentions two cases in which he removed more than an inch of the inferior dental nerve, yet three years later in one, and six years later in the other, a second operation showed the nerves perfectly reproduced. Attention is also called to the fact that sensation is not always lost after resection of branch of the fifth nerve, and if lost may be soon restored, all of which would seem to sustain the view now held, that the facial nerve is not purely a nerve of motion, but has also sevsory fibres. Dr. Keen protested against the frequent extraction of the teeth in cases of trifacial neuralgia: all of his three cases had suffered removal of the teeth in the affected jaw, a procedure which he terms a useless sacrifice.

THE WORLD WIDE EPIDEMIC OF BUBONIC PLAGUE.

Americans are likely to take a larger share of interest in the various epidemic diseases which have their origin in the Orient, since we have become a "world-power." The wise policy of isolation adopted by the fathers of the Republic had not only its political advantages, but also kept us free from the contamination of many diseases which raged in other parts of the world. Since we no longer live to ourselves, it is not at all improbable that we may be called on at any time to confront such a problem as our British cousins are now contending with in their Indian Empire. Already the presence of bubonic plague in Honolulu in the Chinese quarter has called forth the most strenuous efforts upon the part of white élement to stamp out the epidemic and in the end the entire Chinese settlement was burned to the ground, it being found impossible to properly disinfect the dwellings of the people. The inhabitants of the burnt district were rigldly quarantined, and as a result of these radical measures the threatened epidemic seems to be permanently arrested.

The present epidemic of plague is world wide in extent, scattered from Sydney to Santos and Hong Kong to San Francisco. Once the disease becomes firmly located it is extremely difficult of eradication, and frequently nothing less than a general conflagration of the infected buildings will be effective.

As in the case of cholera the annual pilgrimage of the Moslem to Mecca is recognized as the greatest human agency in the dissemination of this pest. These dirty pilgrims scatter the germs both of cholera and plague throughout the entire East, whence it is easily transmitted via the Suez Canal, westward. The absolute indifference with which an Oriental regards these filth diseases is well known, but at the present time the European nations, acting in concert, have established an international quarantine system, by which various places along the Red Sea, the Suez Canal and other available points are made detention stations, where the pilgrims undergo a more or less thorough inspection and are placed in quarantine for a certain period—in the case of plague about one week.

The treatment by serum, from which a great deal was expected, does not seem to have amounted to much as yet. Clernow reports his experience with the serums of Yersin & Sustig, the result with both being highly unsatisfactory. He also reports the same discouraging result from a trial of Hoffkine's method of inoculation. The present epidemic furnishes an admirable opportunity for testing and perfecting the serum treatment and we may hope for some tangible results from the investigations now going on all over the world.

THE SLAUGHTER OF THE INNOCENTS.

Under the above heading the *Bulletin* of the North Carolina Board of Health has a timely and practical article upon the subject of cholera infantum and infant feeding. The suggestions, which we quote below, are so plain as to be easily understood and employed by anyone willing to take the little extra trouble. The primary expense for carrying out the plan outlined is exceedingly small; not to be compared, for instance, with the use of the various proprietary foods, and scientific and experimental practitioners are as one in pronouncing modified cow's milk the best substitute for the maternal breast:

"The infection of milk by certain bacteria and the toxines produced therein by their rapid development in a temperature above 60° is the chief cause of cholera infantum and the infantile diarrhæs, which are responsible for such a large per cent. of the mortality of the summer season. The fact that ninety-seven per cent. of the deaths from these causes occur in bottle-fed babies is significant. A large proportion of these deaths could be prevented by a little care. Of course the hygiene of the dairy is important, but this is beyond the control of the consumer in most instances. The question therefore is largely limited to the treatment of the milk after it has come into her possession. It is practically impossible to prevent the infection of the milk, so that the object to be sought is to destroy, or at least inhibit, the growth of the bacteria before they can develop the poison. This can be accomplished by attention to three things: Pasteurization of the milk as soon after delivery as possible, keeping it cool after this has been done and perfect cleanliness of all vessels containing the milk, the nursing-bottle and nipple in particular.

"Pasteurization is a big word, but it is not a very big thing outside of its beneficent results. There are special apparatus for the purpose which can be bought at a low price, but in the absence of such it can be practically done in this way: Get a sufficient number of eight-ounce bottles from the drug store. After the first time wash them as clean as possible and then boil them every morning while breakfast is cooking. Fill the requisite number with the milk. Stop their mouths lightly with raw cotton—germs cannot pass through raw cotton, it is an effective strainer for them. Place the bottles of milk in a tin bucket filled with water up to their necks, together with a thermometer. Set the bucket on the stove and let it remain there until the temperature reaches 155° or 160°. Then remove the bucket and wrap it in a blanket or some other woolen material, leaving it near the stove in order to keep the temperature as near that point as possible for a half hour. At the end of that time take out the bottles and put them in the refrigerator or coolest place available. Give the baby a fresh bottle every time he is fed. After the cotton stopper is removed the milk will be re-infected. If possible, all bottles should be nursing-bottles of such a character as to permit the fitting on of the nipple. This would avoid trouble and the danger from possible carelessness in thoroughly cleansing the nursing-bottle if only one is used. The nipple should be washed clean each time, and kept in a solution of boracic acid of the strength of one ounce to a quart of water. The nursing-bottle should be boiled at least once every day.

"If these directions can be brought to the attention of mothers so unfortunate as to be unable to nurse their children, and they can be induced to conscientiously carry them out, many a little life will be saved, and many a mother's heart spared the keenest anguish."

WOMEN AS NURSES IN MILITARY HOSPITALS.

A vast experience has demonstrated beyond any cavil the superiority of women as nurses for the sick. The character of nurse is one which has a peculiar attraction for the sex, and they have an inherent aptness for the duties of such a position that will easily enable them, as a class, to bid defiance to any rivalry upon the part of the masculine element.

The education and personal character of the trained nurse of to-day has elevated the office to a degree of efficiency and dignity as to render it one of the most honorable callings to which a young woman can aspire.

During our last war they were very extensively employed in the military hospitals, something over a thousand being on duty, and quite a number are still retained on the rolls. The experience gained has enabled the Surgeon-General of the Army to provide a very effective organization for the women nurses, and their employment has naturally proven a decided success both in the general and field hospitals. Under the circumstances therefore it would seem superfluous to ask Congress to pass a bill especially sanctioning the organization, since the passing of an appropriation for the payment of women nurses has practically accomplished this end. Nevertheless two bills have been introduced in the present Congress providing for the employment of women nurses in military hospitals. The objections which have been raised to the passage of these bills, are that they give specific directions as to the character of the organization which it is said would require a reorganization upon entirely new lines, and that they offer no improvement upon the present method. That the proposed legislation finds but little support in the Army may be seen from the following which appears in a recent issue of the *Army and Navy Register:*

"We see no reason for the enactment of House bill 6879 and Senate bill 3731, which have the identical ostensible purpose of providing for the employment of women nurses in military hospitals of the army. This measure has influential backing, most of the supporters being women of prominence who have devoted themselves and their resources to charitable and humane tasks. The high character of the friends of the bill should not preserve it, however, from the defeat which so unmeritorious a measure deserves. There are no arguments to justify passing the bill. It offers no improvement on the existing system of supplying women nurses to the military service. That system was evolved from the methods of the war and is conducted on practical lines within the control and administration of the Surgeon-General of the Army and Secretary of War."

A Desirable Position for a Trained Nurse.—A hospital with fifteen beds wishes to employ a capable nurse of experience, to be matron and head hurse. By inquiring of this Journal such party can be put in communication with the above mentioned hospital.

Organized Effort Succeeds.—The effect of even partial organization among physicians was easily noticeable in the recent city election in Cincinnatti. One of the appointees of the city administration was an out-and-out quack, and, as a body, says the *Cincinnatti Lancet-Clinic*, "the medical profession was weary and tired of making reports to an ordinary plain quack." Hence the physicians made up their minds that there should be a change. and there was a change.—*Journal American medical Association.*

Medical News and Items.

Honolulu is reported free of the plague.

Dr. J. E. McLaughlin has moved from Cool Springs to Statesville, N. C.

Dr. Josef Gruber, the noted otologist of Vienna, died recently at the age of seventy-three years.

Chicken salad, at a church festival in an Ohio town, was responsible for the poisoning of about 100 persons.

Drunkenness on the public streets of Seville is punished by shaving the scalp and beard of those appearing in that condition.

Dr. W. O. Nesbit, of Waxhaw, N. C., is pursuing his medical studies in Berlin. He is paying particular attention to stomach troubles.

The drug clerks of New York City have succeeded in getting a bill passed by the Senate of New York providing for shorter hours.

It is reported that Dr. Osler, professor of medicine in Johns Hopkins, will receive a call to the chair of practice in the University of Edinburg.

Dr. Stuart McGuire has, since his father's illness, assumed full charge of the elegant hospital, St. Luke's Home, and will conduct it as heretofore.

Exposure to the temperature of liquid air for twenty-four hours has no effect on the baccillus of typhoid, diphtheria, cholera, anthrax and many others.

France is making strenuous efforts to preserve all the infants born in her borders. A recent law forbids feeding infants under one year solid food except on the advice of a physician.

The *British Medical Journal* is the authority for the statement that during the academic year of 1898-1899 the degrees in medicine conferred by the German universities numbered 1,050.

The famine in India is assuming gigantic proportions. Nearly six million persons are now on the relief list and in the districts more remote it is estimated that fully fifty millions are now suffering for food.

The memory of Dr. Ernest Hart, the late editor of the *British Medical Journal*, is to be honored by the establishment by the British Medical Association of a "new research" scholarship valued at $1,000 annually.

The number of men lost in the Philippines since August 6, 1898, is as follows: Killed, 456; died of wounds and accidents, 276; died of disease, 1,056; total, 1,788. Over 2,000 men have been wounded.—*Medical Age.*

In Manila a number of deaths have recently been caused by the plague in the Quipo market district. The building is surrounded in order to quarantine its inmates. On the raising of the quarantine the building will be burned.

Dr. London Carter Gray, the celebrated neurologist, of New York, died on the 8th of this month, and Dr. W. B. Pritchard, formerly of North Carolina, who has been associated with Dr. Gray for the past twelve years, succeeds to his practice.

Dr. Dillon Brown, of New York City, who is an eminent specialist and teacher of diseases of children, spends much of his time in Salisbury, this State, and vicinity. He has been elected consulting physician to the Newman Hospital in that town. The staff of that institution is to be congratulated in having such a distinguished associate.

A Move in the Right Direction.—We learn from the *St. Paul Medical Journal* for April that the *Daily News* of St. Paul, Minn., has announced that it will print no advertisements relating to sexual or venereal disease. We wish to add our mite of praise and commendation regarding this step, and to express the hope that other reputable dailies will follow its example.

Dr. Adolph Ziel, of Elberfeld, Germany, has just been sentenced to a year's imprisonment for having assisted conscripts in avoiding military service. His plan was to give some cardiac poison just before the conscript was to be examined, so that the heart would be found irregular in its action. He had cheated the government out of over 300 soldiers before he was apprehended. Several military surgeons were also sentenced to short terms for complicity in his scheme.—*Medical Age.*

Semi-Centennial Meeting of the South Carolina Medical Association.

The Semi-Centennial meeting of this society was held in Charleston on April 18th, 19th and 20th, and was a decided success both in point of attendance and in the papers read and discussions.

The energetic president, Dr. W. P. Porcher, and the tireless secretary, Dr. T. P. Whaley, had labored hard to make this a banner meeting and to their efforts, in part at least, must be attributed the success.

Several matters of great interest to the profession not only of South Carolina, but of the United States, were ably discussed. Prominently among these were "The State Examining Board" in a paper read by Dr. Allard Memminger and "The Relation of the State Board of Medical Examiners to Medical Colleges," in a paper read by Dr. L. C. Stephens. Reciprocity between the various State Boards of Examiners having the same standard was also considered. and a committee appointed to investigate the matter and report at a subsequent meeting. (In this matter we advise our South Carolina brethren to "make haste slowly.")

Charleston, always hospitable, gave the visiting doctors and friends a trip to her lovely beach—on the Isle of Palms—where was served a "Fish Dinner."

The genial president, the inimitable Porcher, on the first day of the meeting invited "everybody" to partake of a luncheon at his lovely home and it is needless to add that the society "partook."

Florence was selected as the place of the next meeting and after electing the following officers the Association adjourned:

OFFICERS.

President—George R. Dean.
First Vice President—E. F. Derby.
Second Vice President—F. H. McLeod.
Third Vice President—R. B. Hanahan.
Corresponding Secretary—A. Johnston Buist.
Recording Secretary—T. P. Whaley.
Treasurer—R. E. Baker.
Committee on Publication—W. P. Porcher, A. J. Buist and T. P. Whaley.
Committee on Ethics—O. B. Mayer, T. G. Simons and W. H. Nardin.
Committee on Finance and Necrology were réelected.
State Board of health—First District, R. L. Brodie, Charleston; Second district, H. H. Wyman, Aiken; Fifth district, R. A. Bratton, Yorkville.

"Over-Pressure the Bane of Modern Education."—We quote the following from the *Medical Record*, Febraary 17, 1900, with entire approval: "The harm done to children by the present methods of education is too real to be ignored. The conditions of civilized life have so completely changed within the past half century that it becomes daily more and more evident that measures must be taken to meet the new situation and to endeavor to propagate and raise a race better fitted to withstand the strain of modern existence. When children were brought up in the country, spending the greater part of their time in the fresh, open air, considerations as to physical development did not enter into the question. The environment being healthy and food plentiful and nutritious, the natural sequence was that the human product grew up hardy and robust, well equipped for the battle of life. The ever-increasing tendency to desert the country for the town has placed a fresh problem before our scientific men and sanitarians. Children are born and pass their youth amid unhealthy surroundings, in many instances improperly and irregularly fed. In addition to these serious disadvantages they are still further handicapped by the undue stress of school life. The sole aim of modern education would seem to consist in the attempt to develop the mind at the expense of the body. The necessity of exercise and fresh air as a part of a child's training is strangely overlooked. Mental and physical education should go hand-in-hand. Wherever possible playgrounds of ample scope should be attached to schools, and, above all, young children should never be expected to work longer than two hours at a stretch."

The author of that piece of delightful drollery, "The Last American," writing as a Persian in the year of grace 2951, says the "Mehricans" had become long since extinct by reason of their haste for money-getting, their over-wrought nerves, and their improperly reared children. The germ of truth that the story contains should not be missed, and even though by our "continual coming" we weary the profession in this matter, it yet merits the wisest and best thought of our time that the new generation should be properly fed and wisely and symmetrically developed.—*Pediatrics.*

Most of us Remember only what we have remembered before; but deep thought holds in solution all facts. The best "art of memory" is to understand things thoroughly. New knowledge always calls upon old knowledge. Memory should enshrine principles instead of traditions.—*Emerson.*

The Caroina Medical Journal.

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Original Communications.

Report on the Progress of Rhinology and Laryngology.*

By EDWARD F. PARKER, M. D., Charleston, S. C., Prof. Physiology and Lecturer on Diseases of Eye, Ear, Nose and Throat, Medical College of the State of S. C.

IN reviewing the literature of these departments of medical science in the past year we purpose to depart somewhat from the usual custom of merely collating abstracts of journal articles and to endeavor instead to present only what seems to us to be new and original in the same, and of practical interest to workers in the departments of the nose and throat as well as of general medicine.

The treatment of nose and throat diseases is becoming more simple and more conservative and reports of serious results following common operations should only make us more cautious and more careful in eliminating all sources of infection which, fortunately, in these organs seem to be unusually few.

Curtis calls attention to the well known fact that "the galvano-cautery though a powerful agent for good when used for relieving turgescence of the mucous membrane covering the inferior turbinate bone" should rarely if ever be used on the cartilaginous septum on account of the danger of prolonged ulceration and perforation.

*Presented to the South Carolina Medical Association, April 18, Charleston, S. C.

Roe continues to show excellent results with his subcutaneous operations for the correction of nasal deformities. The necessity of careful asepsis, attention to the minutest details and after care of the patient make these operation when successful unusually brilliant.

Kyle believes that it is well nigh impossible to render the mucous membrane thoroughly aseptic but if the parts are kept clean the bacteria have no tendency to multiply.

Rice states his belief that the pharyngeal tonsil is the cause of nasal catarrh in nearly all infants and children and that the rhinitis cannot be cured till the cause is removed by operation.

Others claim that the rhinitis is the cause of the adenoids and that frequent cleansing will prevent the development of the latter.

It makes little difference it seems to me which view we take of such an important matter. Daily cleansing of an infant's or child's nose is well nigh impossible and the consequence is that the practitioner or specialist finds the adenoids well developed when first consulted about the nasal discharge and medical treatment is usually worse than useless. Surgical treatment alone is indicated and gives prompt relief.

Stella reports a case of gonorrhoeal rhinitis in which the pus from nostrils showed numerous gonococci. The child had gonorrhoeal opthalmia and otitis media consecutive to the rhinitis.

Cozzolini presents some interesting observations on atrophic rhinitis. He thinks he has found bacillus mucous to be the true factor in the production of two of the most disagreeable symptoms of the disease, fetidity and crusts, but he does not regard this bacillus as the essential etiological factor. He concludes that:

"The ozenous patient is born *ozenous*, that is to say, the child which "afterwards suffers with the full manifestations of the ozenous affection "comes into the world with a special predisposition for those nutritive changes "which determine an erosion of the mucosa of the turbinate bodies."

In the treatment of this obstinate affection the only valuable suggestion is that of Hamm, who says that the odor is dispelled at once by the use of equal parts of citric acid and sugar of milk thrown into the previously cleansed nasal cavities with a powder blower.

Jaques considers the disease only a result of a sinusitis in one of the accessory cavities.

In paroxysmal sneezing due to some functional disturbance Head reports good results from the use of a ten per cent. solution of ichthyol in water applied to the middle turbinate on a cotton swab.

St. Clair Tomson reports cases of nasal hydrorhoea in which the discharge consisted of cerebro spinal fluid and contributes some very interesting and scientific observations on the nature of this fluid as well as in the proper differentiation of a true cerebro-spinal rhinorhoea from some intranasal secretion.

The Asch operation continues to be the most popular for the relief of marked deflections of the cartilaginous nasal septum.

The literature on the subject of diseases of the accessory nasal sinuses has been of unusual interest this year.

These cavities are opened more often and more easily on account of constantly improving methods of gaining entrance to them.

The result of autopsies shows that these sinuses are frequently diseased where the trouble has remained latent during life.

Small polypi growing from the middle turbinate body are almost pathognomonic of ethmoid sinusitis.

In entering the antrum of Highmore the inferior meatus is now the most popular route perhaps and Rhoaldes reports five cases treated in this way with a counter opening in the canine fossa.

In regard to Frontal empyema. Symonds in summing up "thinks there is general agreement on certain points: 1. External opera- "tion is necessary in bad cases. 2. Attempts to break into the sinus from "the nose are very dangerous. 3. Removal of front part of the middle tur- "binal is generally useful."

Browne regards a small naso pharynx as much less liable to be diseased than a large one, a fact which many corroborate. Where it is very difficult to get a satisfactory examination (children excepted) there is great consolation in believing this.

The pharyngeal tonsil continues to be the most important subject in rhinology if we may judge by the number of papers on this subject.

The most conservative operation is that performed under cocaine or chloroform anesthesia with the sharp Gottstein curette. By this method we have less hemorrhage and less traumatism than by any other.

The use of orthoform powder is highly recommended by Gleason for the pain accompanying ulcerative tubercular laryngitis.

Manley advocates tracheotomy in adults under cocaine as being much safer and simpler than under general anesthesia.

The following are some excellent arguments advanced by Coulter in favor of removing enlarged faucial tonsils in all cases:

"1. It gives a cosmetically perfect throat. It gives a throat practically "precluding the possibility of a return of tonsilitis. It gives a throat in "which there can be no absorption of the toxins or bacilli into the lymph "channels at that point; at the same time it certainly offers to the patient a "better chance for recovery, should he subsequently be subject to an attack "of any disease affecting the throat, such as the exanthemata, diphtheria or "quinsy.

"2. It liberates and allows a perfect action of the pillars and soft "palate.

"3. It removes a mechanical obstruction to the sound waves. This, in "the case of those professional people who are compelled to use the voice in "singing or speaking, is a matter of no little importance."

He advocates a complete tonsillectomy, however.

To add to this Walsham in 34 consecutive autopsies found the tonsils more or less tubercular in 20.

In an article on "The Tonsils as Portals of Infection" Mayer concludes that:

"1. Infection arises in the tonsil. 2. Tonsillar affections are frequently "serious in their sequelæ and every step to prevent recurrent attacks should "be taken. 3. The existing tonsillar disease should be energetically treated. "4. Careful examinations and treatment are absolutely essential in the in- "terim. 5. Following anginas, the heart and other organs should be exam- "ined from time to time.

In the treatment of acute tonsillitis Browne after clearing the alimentary canal and administering salicylates uses guaiacol as follows:

"Recently I have largely, indeed, almost exclusively, employed guaiacol. "Guaiacol may be described as a purified creosote, and is applied in a solution "made of equal parts of the drug and almond oil, some use the guaiacol pure

"on a cotton-wool brush, to the inflamed tonsils. A sharply smarting pain "is the first effect of the application. This lasts but for a few seconds, and "is followed by a distinct anesthesia of the parts touched by the solution; "after a few applications any exudation present rapidly disappears and the "inflammation soon subsides. Indeed, I have seen many cases of tonsillitis "presenting every symptom of termination by suppuration, veritably aborted "by a few applications of this remedy."

Of new drugs we would mention only orthoform and supra-renal extract. The former has been used with much success in nose and throat work.

The use of adenal extract which was introduced only two or three years ago has now become common. A solution of supra-renal extract grains ten to one dram is now used in all important nasal operations.

"In conjunction with cocaine we can promise an almost bloodless and and painless operation and with the use of orthoform powder after-soreness is much relieved."

Some claim that secondary hemorrhage is more frequent after its use. Curtis recommends it in acute laryngitis. It is also used in obstinate epistaxis and in acute coryza.

Swain sums up the action of the drug as follows:

"1. The aqueous extract of supra-renal gland is a powerful local vasoconstrictor agent and a contractor of erectile tissue. It can be used in very considerable amounts without dangerous or evil effects locally or constitutionally.

"2. The effect can be reproduced any number of times apparently without evil effect or formation of habit on either tissue or individual.

"3. Use of the extract seems to heighten the effect of any other drug used locally.

"4. In acute congestions it has its widest applications and greatest opportunity for good, but it is also very helpful in certain chronic conditions of the hay fever type."

Quarantine Appropriations.—The Secretary of the Treasury has recently asked for an additional appropriation of $200,000 to prevent the introduction and spread of epidemic diseases, the previous appropriation of $300,000 being almost exhausted. In these days of large things this sum may not appear great, but it would be a very respectable fortune by itself. It is none too much, however, to pay for adequate protection, and is in this light an economical investment. The fund is used for quarantine purposes and the maintainence of a corps of medical inspectors at the various foreign ports whence infection is likely to come, including a large number of South and Central American stations, as well as those in Europe ane Western Asia. The continued and increasing danger of the bubonic plague, as well as the permanent one of yellow fever, furnish ample means of utilizing this approparation or even a still larger one.—*Journal of American Medical Progress.*

We are Glad to note that the Newman Hospital, in Salisbury, is to be permanently continued at that place. The staff has been enlarged and every indication points to continued success.

The Surgical Treatment of High Myopia, With the Report of a Case.*

By CHARLES W. KOLLOCK, M. D., Charleston, South Carolina.

Myopia, or short sight, is usually due to a lengthening of the antero-posterior, or axial diameter of the eye, and more rarely to excessive curvature of the surfaces of the lens and cornea. It has been proved that the eyes of new born infants are rarely myopic, but on the contrary are generally hyperopic, and it is also well known that among savage races myopia is of unusual occurrence. This is the case with the American negro—the pure blooded black—in whom myopia is very uncommon even now, while among the mulattoes it is less frequent than with the whites. The inexorable requirement of civilization, however, are gradually lengthening the axial diameter in the eye of the pure-blooded black, and here and there myopia is beginning to appear. His eye has also been further weakened by the many diseases to which he has become a victim since the time of his emancipation from bondage and the careful supervision of his master. As syphilis and other constitutional vices have undermined his strength and resisting powers, so when the eyes are worked in the effort to educate him they naturally give way and myopia may follow.

In this country high degrees of myopia are much less frequent than in some of the European countries, especially in Germany, and whether it is due to the system of education in childhood, or to their text, which is difficult to see even in good light, is doubtful, but it is more than probable that heredity wields a considerable influence, as it is not uncommon to see whole families myopic and to find that this condition has been in several generations. For these reasons the surgical treatment of high myopia has been and is, practiced more in Germany than in any other county, and even there but few more than one thousand cases have been treated by operation. It has many advocates, not only in Germany, but in other countries, including this, though there are those who still disapprove of it and assert that it is irrational, unscientific, and more likely to be followed by harm than good. In spite of this its number of advocates continues to increase and among them are many of the best and most scientifically progressive men of the day

From Germany, as would be expected, comes the greatest amount of literature on the subject. Some German ophthalmologists believe there is an actual shortening of the ball, and that the progressive degeneration so commonly seen in high myopia is retarded or arrested. The English and American surgeons are more conservative in believing that it is contra-indicated in excessive and rapidly progressive degrees of congenital and acquired myopia where the ultimate result must be blindness.

Many surgeons contend that it should only be practiceed in young persons with progressive myopia, in whom serious structural changes in the retina and choroid are absent, or have made but slight advance, while others do not hesitate to operate upon old persons (Mayer and Sattler, of Leipzig, the latter having operated upon a woman of sixty-four years) and upon those in whom every symptom of progressive degeneration is present.

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* Read before the South Carolina Medical Association in April, 1900.

C. S. Bull concludes, after reviewing the most important literature, that the most careful and conservative authorities all advocate the operation of removal of the lens in high myopia, in selected cases, and under wise restrictions.

The contra-indications, he says, are:

1st. Extensive degenerative changes in the retina and choroid.

2nd. Existing detachment of the retina.

3rd. Membraneous opacities in the vitreous, indicating diseases of the choroid and vessels.

4th. Previous loss of one eye from any cause.

5th. Loss of transparency of the cornea from previous inflammation.

6th. Any form of contageous conjunctivities, especially trachoma.

7th. Advanced age of the patient.

8th. A myopia of less than D 12.

The indications are:

1st. If the central vision of the myopic patient, with the best possible correction by glasses, is not sufficient for the needs and social position of the patient, the operation is indicated, first on one eye, and then on the other, if no contraindications exist.

2nd. If there are unmistakable evidences of a rapid increase in the amount of near-sightedness, true progressive myopia, and if the myopia is D 12, or more, the operatiom may be done under the previously mentioned restrictions.

The concensus of opinion is against the operation in cases of less than D 12, which seems eminently wise, in adults, especially those of mature or advanced age, when it is not likely to increase; but with children in whom the myopia has been congental, or acquired at a very early age, where the increase has been rapid, and structural changes point to a true progressive myopia, surgical interference seems to be indicated before the eye has been seriously injured, which is quite often the case when a myopia of D 12 has been reached.

OPERATION.

The capsule and lens are first torn by a needle which causes the latter to swell and separate from the former, and sooner or later to become hazy. This, though a simple operation, should be performed with exceeding care and the strictest aseptic precautions for it must be remembered that vision is being destroyed with the hope of eventual improvement. Therefore the needle should be passed through that portion of the cornea that is least used for visual purposes and at such a distance from the corneo-scleral junction that the iris will not be wounded, or likely to become attached to the inner opening of the wound. The pupil should be widely dilated by atropine in order that the field may be clear and the danger of adhesions lessened The capsule is torn and the lens substance slightly stirred, or broken, within a small radius; on no account should the posterior capsule be wounded and vitreous disturbed. It is far better to do too little at the first operation than to run the risk of having it followed by a rapidly swelling and unbroken lens, which would require immediate extraction in order to prevent glaucoma and perhaps general inflammation of the ball.

The chief dangers are from sepsis and detachment of the retina. The former should not occur, and the latter should be guarded against by preventing the loss of aqueous humor (using a stop needle) and by gentle manipulation of the ball. The eye should be bandaged until danger of in-

fection of the corneal wound has passed, and the pupil should be kept dilated until all symptoms of iritic and ciliary inflammation have subsided.

If disintegration is rapid further interference may be unnecessary, but if slow another discission may be performed when all symptoms of inflammation have disappeared. Should the operation be followed by rapid swelling of the lens, pain, and increased tension, that cannot be controlled by cold applications, quiet in bed, and through opening of the bowels, it will then be necessary to evacuate the lens substance through a corneal incision, in such a manner as may seem best suited to the case. The absorption of the lens may also be hastened by the internal administration of potassium iodide in increasing doses.

Some surgeons advise extraction as soon as the lens becomes cloudy or begins to break up, and others remove the clear lens, but this latter procedure has been proved to be an incorreet method of operating. There is no doubt, when absorption can be accomplished by simple discission, that it is by far the safest procedure, as there is less disturbance of the entire eye, less interference with the vitreous humor, and less danger of retinal hemorrhage and detachment from sudden decrease of tension.

Fluid vitreous (which is not uncommon in these cases) would not only complicate the operation of extraction by its own loss, but by the consequent dangers of hemorrhage and retinal detachment. When discission alone is performed an iridectomy is unnecessary which is not always the case when extraction is practiced.

The objections to discission are the length of time required for the absorption of the lens and the exposure to infection by repeated operations. It is better to consume more time and obtain a good result, than to risk the latter for an unnecessary gain in time. The danger of infection is, of course, increased by the number of operations, but when it is remembered that in discission only three instruments (viz., speculum, fixation forceps and needle) are necessary, and that the needle is easy to sterilize and makes a wound, which, practically, closes immediately, without permitting even the loss of the aqueous humor, it stands to reason that a sudden and considerable decrease of tension is scarcely possible, and that the danger of infection must be less than when a larger opening is made in the cornea through which the aqueous humor rushes, the iris perhaps follows, and the vitreous may escape.

The loss of accommodation is a drawback to the operation, but this is amply repaid by the enlargement of images and increased visual acuity.

The results of the operation have been generally successful, though in a number of reported cases the degenerative changes in the retina and choroid have not been checked, but have continued, and in several cases black spots and floating bodies have appeared that did not exist before the operation was done. Otto thinks that the worst complication is detachment of the retina. Schreiber, a most conservative German writer, thinks too many myopes are operated on.

Out of 594 cases of myopia there were only 80 with 16 D. (1. 2 p. c.) and only 36 of these could be recommended for operation. Frölich shows that out of 572 cases operated upon for myopia there was a total loss of 2.2 p.c. by infection, and from retinal detachment there was loss of 2.2 p.c. making the total loss from both causes about 5.5 p. c. In all cases of myopia without operation there are about 5 p. c. who, sooner or later, have detachment of the retina which is usually followed by blindness.

Würdeman, from whose paper on this subject I have drawn largely, cites the following advantages which are to be derived from the operation:

"(1.) Increase in visual acuity, which is two or three-fold in selected cases, after correction of the residual ametropia (without correction many-fold). The Ideal myopia for correction by removal of the crystaline lens is −17.0, or −18.0 D., and in such cases a perfect operative result would give 55 p. c. improvement of vision and escape all need of wearing strong lenses, the bettering of visual acuity is not synomomous with bettering visual appreciation. Leber thinks that part of the improvement in visual acuity is due to favorable influence upon the health of the retina and not to improvement of the optical condition.

"(2.) The retinal images are larger after operation than before in the myopic eye that has become nearly emmetropic.

"(3.) The visual field is decidedly enlarged; this is even without correction of the residual ametropia, and is especially enlarged in comparison with the effect of the stronger concave lenses which were worn before the operation. The increase in the angles of vision is brought about by the reduction of the dioptric apparatus from a compound to a simple system.

"(4.) With correction there is increased range of vision for near work; although of course, accurate vision can only be had at one fixed point; for there can be no accommodation after removal of the lens, although attempts at some are made by the ciliary muscle.

(5.) As is well known strong spheric and cylinderic lenses cannot neutralize ametropia of high degree, for the dioptric aparatus is not perfectly spheric; the cornea is an ellipsoid of three axes, even the visual zone of the cornea and lens is irregularly and eccentrically astigmatic. In the highly myopic eye the effect of these conditions is exaggerated and lenses cannot fully correct the error, nor give normal visual acuity.

"(6.) By the pupil being usually brought nearer to the retina after removal of the lens, the eccentric visual rays are more excluded as the diaphragm is nearer the nodal point.

(7.) The clinical value of the operation lies mainly in the more extended use of the eyes obtained by the patients; they are most highly delighted with the effects, claiming that a new world has been opened to their view. The doing away with the annoyance of heavy concave glasses and the resultant small images, and the eye strain produced by their prismatic effect is largely responsible for this amelioration. After the completed operation the patient has to wear two sets of lenses, but in high degrees this had to be done before. In myopia of about 18.0 D., after operation, some patients are able to get along without any glasses for distance, as does the emmetrope. In the case of myopia, 21.0 to 22.0 D. he may even dispense with glasses, just as myopes of 3.0 D. get along very well without their correction."

My experience is given in the following report:

G. F., white, age sixteen years, was brought to me August 30th, 1895, for defective vision. Vision in each eye separately was 3-CC, and with −13 D. was 15-L; the ophthalmoscope showed no crescent, or degenerative changes, in the retina, or choroid. He was given a −10 D. which was worn until April 20th, 1899, when he was again brought to me. The myopia had increased to 16 D. and with these glasses for both eyes he could see 15-L. On account of the rapid increase of the myopia, his age, and the favorable condition of the vitreous, retina, and choroid, surgical treatment advised. Discission was performed several times, and then the lens matter was

removed through an upward incision of the cornea—no iridectomy was performed.

The recovery was prompt and uneventful, and but a slight distortion of the pupil, due to iritic capsular adhesions, remains as a trace of the operation. Without a correcting lens his vision is 15-LXX(?) against 3-CC before operation, and with the correcting lens (+ 1.50 + 2.50 cyl. 90°) he sees 15-XL as against 15-L with the correcting lens (–16 D) before the operation. With + 5, + 2.50, cyl, –90° he reads Jaeger No. 1 at ten inches with ease.

Discission has been performed several times on the second lens which is now undergoing absorption.

From this limited experience I have no hesitation in saying with others that the operation is justifiable in most cases of 12 D. and over, in which degenerative changes have not caused floating bodies in the vitreous, retinochoroiditis, hemorrhage, and beginning retinal detachment. That the existence of these changes, or conditions, in a passive state should not in all cases be a contraindication to the operation.

2nd. That the most successful results will be obtained in children, young adults, and those in whom the virtreous, retina and choroid are in a healthy, or comparatlvely healthy condition.

3rd. That in all cases discission should be performed a number of times in order that absorption of the lens may be given a fair chance, for by this operation the dangers of retinal hemorrhage and detachment are at a minimum, and that of infection is not seriously increased. The detachment and retinal hemorrhage are far less apt to occur if the conditions change gradually and not suddenly, as would be the case if extraction was performed, either with or without a previous discission.

4th. The results to be achieved, which are increase of visual acuity and field, more than counterbalance the dangers of the operation when proper precautions are observed.

Catarrhal Pneumonia of Children.—

℞	Ammonii carbonatis	gr. xxiv	1.50
	Syrupi tolutani	ʒvi	23.40
	Spiritus vini gallici	ʒiii	11.70
	Syrupi senegæ	ʒiiiss	13.65
	Syrupi acaciæ, q. s. ad	ʒiii	93.30

Misce. Sig. Teaspoonful every two hours for a child of two or three years.

—*Goodhart and Starr, in Medical Counsel.*

An Original Contribution to our knowledge of pathology was found in a recent examination at a medical college not a thousand miles away. In a description of healing by first intention the statement was made that "in a clean incised wound and parts are brought together, the eccessive hemorrhage is stopped, and the two surfaces glued together with a solution of continuity."—*Colorado Medical Journal.*

An Apt Comparison.—"I have no faith in modern medical science," said the long haired boarder. "Neither has a mule in the veterinary surgeon," said the student, "but he cures him just the same.—*Chicago News.*

Abscess of Liver, Operation, Recovery.

By WM. M. LOVE, M. D., McConnellsville, S. C.

Mrs. H. Multipara, aged 33, had been a sufferer for two years, from what was supposed to be colic. She had been treated by a number of physicians, with nothing more than temporary relief.

When she first came under my care, I found her suffering intense pain, which she referred to her stomach. After a hasty examination, I concluded the case was one of ordinary gastralgia, caused from error in diet. This opinion was further confirmed, by the presence of vomiting. To quiet pain she was given morphine, hypodermically and hot fomentations applied. She was also given a brisk purgative, as her bowels were constipated. Dilute Hydrochloric Acid ordered taken after meals, and a strict regime of diet mapped out. Ten days afterwards, I was again hastily summoned to see her. This time I found her suffering intense agony, so much so, that repeated hypodermics of morphia failed to relieve her, and I was forced to administer chloroform.

As this attack was so severe, and she having had so many seizures of similar nature, I concluded that possibly it was a case of hepatic colic. As a means of diagnosis, her stools were collected, and washed through a close sieve, and carefully examined for five or six days, but no calculus was found. With exception of slight soreness over region of liver, she was comparatively comfortable, for several days. On the sixth day she had a slight chill, followed by fever of an intermittent type. She was put on an anti-malarial treatment, as I feared some malarial complications. This treatment was continued for several days, without benefit. After two weeks the fever assumed a typhoid aspect, there was profound adynamia, dry tongue, sordes, diarrhoea, and the usual symptoms of this state. There was now some discoloration of conjunctiva, but no pronounced change in color of skin. She continued in this condition for six weeks, when she began to have decided rigors, sometimes daily, and then at intervals of two, or three, days.

After these severe rigors her temperature would quickly run up to 104 and 105; followed by heavy sweats, amounting to profuse diarphoresis with which the febrile paroxysm would terminate. Examination by inspection revealed some fullness of right hypochondrium. There was also slight increase in area of hepatic dullness. As the symptoms were strongly suggestive of pus formation I decided to make exploratory puncture, which I did with a hypodermic needle, at point between cartilage of ninth or tenth rib, and median line. Some pus was drawn off. I now decided to aspirate, which I did, using an Allen's surgical pump. The usual preparation having been made, the needle was introduced, and a pint of thick pus removed. The pus was very offensive, having very much the odor of sulphureted hydrogen. After carefully emptying the sac, and before removing the needle the cavity was thoroughly washed out. A solution of boracic acid was carefully pumped into cavity of abscess, and then drawn off, care being taken not to rupture sac. This was repeated several times until fluid came away perfectly clear. A solution of 1 to 5000 bichloride mercury was thrown in, and drawn off. The dressings were now applied, and patient put to bed. She did nicely for several days but a week after she had a slight chill, followed with some rise

of temperature. On removing the dressing there was a little fullness with some fluctuation over seat of puncture of needle. This was laid open with knife and emptied of about two ounces of pus. The cavity was again washed out with boracic acid solution and packed with iodoform gauze.

Her convalescence from this on was slow but uninterrupted. The after treatment was principally supportive, consisting of tonics, and nutritious diet. Her health has been perfect, having not had the slightest return of the trouble. She has borne two children, and to-day, nine years after the operation, she is a bright and happy mother.

An Epidemic of Poliomyelitis.

By W. P. IVEY, M. D., Lenoir, N. C.

IN the year of our Lord, 1882, I began practice as an undergraduate in a country neighborhood in Cleveland county, N. C. My first case was one of infantile paralysis, in the person of the little four year old daughter of my hostess. There was nothing peculiar about this case, except it was my first patient and, now, after the lapse of eighteen years, forms part of the text for this article.

The case pursued the regular course and the little girl got well, all the affected muscles recovering full tone, except the extensors of one hand. From that time till the year 1894, twelve years, I never saw another case of acute anterior poliomyelitis. True, that for six years of this time, I was in hospital practice, where I saw but few children, but during the other six years I had about as much opportunity as the ordinary practitioner of medicine. Before I chronicle the events of 1894, I will say that I have been in active general practice for six years since, and during that time have not seen a single case of poliomyelitis. So much for the before and after.

But what of the year 1894? Well, during the summer of that year I saw and knew of six cases within a radius of less than three miles, and in a practice no larger than I had done before or since.

There was nothing peculiar about the cases, except that they all occurred in a small area of country, during the summer season of one year, the year of grace, 1894. The cases were all children under five years of age and all recovered, some perfectly, others with one or more groups of muscles more or less disabled.

Was this an epidemic? Most certainly, yes. Were it an epidemic of a more common disease, it would be called a rather small affair, but all of us have seen epidemics of the more common diseases, as mumps or scarlet fever, no more extensive than this. Taking into consideration the rarity of this disease, I think this may be classed as an epidemic of considerable magnitude. Dr. Charles Mason, of Peekskill, N. Y. had five cases during four years in a radius of five miles and thought it so singular as to call attention to it in a paper read before the New York State Medical Society.

This experience of mine I have thought worthy of report inasmuch as it does not occur often or to many of us. But on investigation I find it is only a repetition of history. The first epidemic described is that of Colmer in 1843 comprising 11 cases. Cordier related an epidemic that occurred in Lyons

France, in 1885, comprising thirteen cases in a town of fifteen hundred inhabitants. An epidemic of forty-four cases occurred in Stockholm, in 1889, also one in Umea, Sweeden, in 1881. Pasteur in a recent discussion before the London Clinical Society gave an account of a family of seven children attacked in rapid succession within the space of three weeks. In August of last year, in Poughkeepsie, N. Y., there were fifty cases, the great majority under five years of age. By far the most extensive epidemic on record is the one reported by Dr. Cavely, of Ruthland, Vt. He reported an epidemic occurring in 1894 of one hundred and fifty cases in a strip of country ten by thirty miles. Even the chickens at that time had it. There were several cases in a flock of hens, that roosted at the end of a village where there were fifteen to twenty-five cases of it. Note please that my epidemic and that of Dr. Cavely , the most extensive, occurred in the same year, 1894.

These epidemics mean something; what is it? To my mind, and to most, if not all of the reporters, it means that the cause of poliomyelitis is an infection and that the disease is in its nature an essential fever. Starr says that the occurrence of the disease in an epidemic form and its being observed in connection with other infectious diseases is exceedingly suggestive of its infectious nature. Rilliet and Barthers, West Vogel and Eulenberg have pronounced dogmatically that it is essential. Flint mentions that the fever may be essential or idiopathic. The suddenness of the attack, the intensity of the fever and the short duration go to show its specifie nature and it is more rational to consider it as such. Collins and Dana regard myelitis as caused by infection just as dyphtheria, measles or pneumonia. Holt in his work on children says there is a disposition of late to regard it as infectious, owing to the close relation between its lesions and the blood vessels.

While the cases mentioned in the beginning of this paper were genuine cases of paralysis that I *did* see, I wish to close by relating a case of paralysis that I *did not* see. It impressed upon me a very valuable lesson and may teach some of my younger readers at least the same lesson. One afternoon I was asked by a contryman to see his fifteen months' old child, which he said had diarrhoea and was paralysed in the right side. I told him that my time was engaged for that day, but that I would send something to check its bowels and go out to see it the next morning. On arriving at the house the next morning I found the child sitting in the father's lap and holding a knife in its right hand. I examined it a little and remarked that it seemed to be better. The reply was, yes, that its bowels had checked up and that it had better use of itself. About this time the old lady hurled at me the question: "Doctor, what ails the child?" I had made no diagnosis as yet and my rather hesitating reply was, "well I don't see anything, except the paralysis it had and that seems to be about gone. I then examined it some further, testing motion and sensation and was about to make up my mind that there was nothing the matter and leave some little placebo. About this time the old lady again directed at me with unerring aim her enquiry, "doctor, what ails the child?" I answered as before, but added, "we'll just put the baby on the bed and look into its case a little further." So the baby was put on the bed and I examined it critically from head to foot, testing motion and sensation of the whole body, percussing its chest, etc., etc. At this juncture, the mother with tantalizing pertinacity asked for the third time, "doctor, what ails the child?" I answered as before, but added, "we'll take off the child's clothes and examine it still further." So layer by layer the child began to be disrobed, for the first time, I take it, in many, many

days. It was in the winter time and it had on so many garments and they had been on so long a time, that the undressing process was like removing a plaster jacket. But finally the process was complete and, lo! the diagnosis at a glance was made. Now the old lady could see for herself "what ails the child," for there appeared upon the pectoral muscles of the right side an immense abscess. It was opened, of course, and in five minutes the child was asleep. It was very clear now how the *parent's* diagnosis of paralysis had been made and *my* diagnosis of abscess was reached only by reason of the mother's persistent inquiries. Many are the times a diagnosis is not made, not because we *can't*, but because we *don't*. Our patients always expect us to make a diagnosis. They may not be as direct and persistent as my old lady friend in this case, but they expect it just the same. Therefore, make a diagnosis; whatever you do, at all hazards, make a diagnosis.

The North Carolina Medical Society.

The Forty-Seventh Annual Meeting of this society will be held in Tarboro, on May 22nd, 23rd and 24th, and from the preliminary program just issued, it will be seen that many valuable papers will be presented.

ACCOMMODATION IN TARBORO.

The hotel rates will be from $1.00 to $2.00 per day, and in case the hotels are crowded, visitors will be taken in private homes, so that all who come may be assured of a comfortable place to stay. All members are urged to be present and to bring any of their friends who should be members of this Society. The local committee will be glad to furnish any information in regard to arrangements.

CALENDAR.

WEDNESDAY, MAY 16TH.

Board of Examiners meet.

TUESDAY MORNING, MAY 22, 11 O'CLOCK.

Society meets.

Called to order by Dr. Julian M. Baker, Chairman of the Local Committee of Arrangements, Dr. Geo. W. Long in the chair.

Prayer by Rev. J. B. Morton, pastor of the Presbyterian church.

Address of Welcome, by Donnell Gilliam, Esq., of Tarboro.

Response by Dr. John R. Irwin, of Charlotte.

Roll call.

President's message.

Appointment of Committees on President's Address, Credentials, Finance and Pittman Prize.

WEDNESDAY MORNING, MAY 23, 10 O'CLOCK.

Election of two members of the Board of Medical Examiners to serve for two years.

Appointment of the Committee on Nomination.

WEDNESDAY MORNING, 11 O'CLOCK.

Report of the Board of Medical Examiners, giving the names of successful candidates.

WEDNESDAY NOON, 12 O'CLOCK.

Conjoint meeting with the State Board of Health.

WEDNESDAY AFTERNOON.

Election of officers for 1901.
Selection of time and place for next meeting.
Annual discussion, James M. Parrott, M. D., of Kinston, leader. Subject: "The Continued Fevers of North Carolina."

WEDNESDAY EVENING, 8:30 O'CLOCK.

Annual Oration: "Watchman, Tell us of the Night," by T. S. McMullan, M. D., of Hertford.
Annual Essay: "The Relation of Bacteria to Disease," by R. H. Whitehead, M. D., of Chapel Hill.
Report of Committee on Pittman Prize.
Award of the Prize.
Reading of the Pittman Prize Essay by the Author.

PROGRAM.*

REPORT OF THE SECTION ON MATERIA MEDICA AND THERAPEUTICS.

Dr. D. J. Hill, of Lexington, Chairman.
"The Overcrowded Materia Medica," by the Chairman.
"Automatism," by Dr. Charles A. Julian, of Thomasville.
"Should Physicians Supply the Medicines They Prescribe," by David S. Moirell, Farmville, N. C.

REPORT OF THE SECTION ON GYNECOLOGY.

Dr. B. Ray Browning, of Littleton, Chairman.
"Endometritis, its Pathology and Symptoms, with Special Reference to Treatment," by the Chairman.

REPORT OF THE SECTION ON ANATOMY AND SURGERY.

A. S. Pendleton, M. D., of Warrenton, Chairman.
"The Ambulatory Treatment of Fractures of the Tibia and Tibula," by the Chairman.
"Treatment of Syphilis," by Hubert A. Royster, M. D., of Raleigh.
"An Unusual Case of Appendicitis," by M. P. Perry, M. D., of Macon.
"A Report of Surgical Cases, with Remarks," by Armistead Taylor, of Washington.
"Hemerrhoids," by H. T. Bass, M. D., of Tarboro.

Program to date. Some sections have not yet reported in full, but all papers will be in by the 15th of May, when the working program will be published.

"Pylorectomy for Obstruction due to Adeno-Carcinoma, with Exhibition of the Patient," by Joseph H. Branham, M. D., of Baltimore, Md.

"Surgery of the Gall Bladder." Report of case. J. B. Smith, M. D., Pilot Mt.

Report of the Committee on Obstetrics.

N. P. Boddie, M. D., of Durham, Chairman.

"Shall we use Anesthetics and Anodynes in Midwifery," by the Chairman.

"Emergencies in Obstetrics," by A. G. Carr, M. D. Durham, N. C.

"Abortions and Miscarriages," by E. T. Dickinson, M. D., of Smithfield, N. C.

Report of the section on Pediatrics.

Dr. John R. Irwin, of Charlotte, Chairman.

"Some Observations in Pediatrics," by the Chairman.

"Cough," by Edwin Gladmon, M. D., of Southern Pines, N. C.

"Infant Feeding," by John C. Walton, M. D., of Reidsville, N. C.

"Antitoxin and Intubation for Membranous Croup," by J. W. Long, M. D., of Salisbury, N. C.

"Laryngeal Diphtheria," by J. L. Edgerton, M. D., of Hendersonville, N. C.

"Hypertrophy of the Pharyngeal Tonsil, and its Treatment," by J. T. J. Battle, M. D., of Greensboro, N. C.

"Inanition Fever of Infancy," by R. C. Ellis, M. D., of Shelby, N. C.

Report of the Section on the Practice of Medicine.

W. O. Spencer, M. D., of Yanceyville, Chairman.

"Exploratory Incision; Its Relation to General Practice," by the Chairman.

"Chronic Cystitis," by J. H. Marsh, M. D., of Fayetteville.

"Tonsillitis Complicated With Endocarditis," D. G. Caldwell, M. D., Concord, N. C.

A Family of Five, named Madden, living near Comstock, Neb., were all recently poisoned by eating bologna sausage. They were not discovered until twenty-four hours later, when a neighbor, going in, found the three-year-old girl dead and the rest of the family unconscious. The condition of the survivors is critical.—*Colorado Medical Journal.*

Surgical Note.—Ricketts, of Cincinnatti, says: After using iodoform, wash the hands in soap and water, and then rinse them in a little vinegar. This will entirely remove the odor.

The Two Governors of Kentucky have not yet reached the point where they deem it advisable to exchange the courtesies that were exchanged between the Governors of North and South Carolina.

Book Reviews.

The Anatomy of the Brain. A Text-book for Medical Students. By RICHARD H. WHITEHEAD, M. D. Professor of Anatomy in the University of North Carolina. Illustrated with Forty-one Engravings. 6¼ x 9½ inches. Pages, v-96. Extra Vellum Cloth, $1.00, net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia, Pa.

CONTENTS.

Chapter I. The Divisions of the Encephalon.
Chapter II. The Surface Anatomy of the Encephalon.
Chapter III. The Internal Anatomy of the Encephalon.
Chapter IV. The Conducting Paths of the Encephalon.

The author, in his preface, states that in the preparation of this little book it has been his aim to furnish Medical Students with a clear, accurate, and concise account of the anatomy of the brain, to be used as a guide in their study of that organ, and that he had thought best to omit minor details and exclude, so far as posssble, subjects which are still matters of controversy.

Some fifteen years ago the writer, a medical student, had waded laboriously through the description of the kidney as given in a standard anatomy and was deploring the fact that "all was chaos." At this juncture Chapman delivered a lecture on the physiology of the kidney and by way of preface devoted a few minutes to the anatomy of the organ when out of chaos came order. This clever little book has brought Dr. Chapman's lecture to mind.

Step by step, from epeblast to encephalon the student is led; at every stage illustrations of the highest ordea elucidate the text; the descriptions are concise and clearly to the point—not too much said or too little. The publisher has done his work well: the paper is excellent, the type clear, the illustrations are all that could be desired. We congratulate the author on the appearance of his book and on its scholarly text.

A Syllabus of Therapeutics. By HUBERT A. ROYSTER, A. B., M. D., Raleigh, N. C. Published by the St. Augustine Printery, Raleigh, N. C. Price, 50 cents.

This is a book of some fifty pages, prepared by Dr. Royster for the use of the students of the Leonard Medical School, Shaw University, Raleigh, N. C., and has received the endorsement of the professor of therapeutics in that school. The classification of remedial agents is after Bartholow, and each subject is treated in a clear, succinct manner which enables the student to rapidly review the field of materia medica and therapeutics. In so small a space necessarily there could be no extensive treatment of any one drug, but Dr. Royster has given the principle preparations and the essential facts of physiological action and therapeutic uses in a way that commands our admiration. We have no hesitancy, while congratulating the author upon his efforts in this direction, in predicting a field of usefulness for the syllabus beyond the limits for which it was originally prepared.

Essentials of Diseases of the Skin, including the Syphilodermata, arranged in the form of Questions and Answers. Prepared especially for students of medicine. By HENRY W. STELWAGON, M. D., Ph. D., Clinical Professor of Dermatology in the Jefferson Medical College; Physician to the Department for Skin Diseases, Howard Hospital; Dermatologist to the Philadelphia Hospital, etc. Fourth Edition, Thoroughly Revised. Illustrated. W. B. Saunders, 925 Walnut Street, Philadelphia.

Saunders' Question Compends, arranged in question and answer form, have become to be very popular and seem to serve a useful purpose to students. This one on diseases of the skin is especially valuable, and in its fourth edition the entire book has been carefully scrutinized and revised, the text having undergone many important changes, in order that the subject matter might reflect our present knowledge of cutaneous diseases.

The enormous sale of these question compends is indisputable evidence of the value of these self-helps to students and physicians.

Annual and Analytical Cyclopœdia of Practical Medicine. By Charles E. de M. Sajous, M. D., and One Hundred Associate Editors. Vol. IV. Diarrhœal Diseases of Infants to Mercury. The F. A. Davis Company. Philadelphia. 1899.

This volume offers no reason for changing our previous favorable mention of this work, and its greater usefulness to the general practitioner over the old Annual of the Universal Sciences which it supercedes. The present volume is especially timely, containing as it does, articles on La Grippe and Diarrhœal Diseases of Infants, the former of which subjects is at present, and the latter of which will so soon engage the close attention of the profession. We will remind our readers that each subject is treated in a special article, in large type, by one of the staff editors, sustained by the salient points in the literature of the past ten years. The reader therefore gets not only the views of the author, but the suggestions and experiences of observers who have only written for the periodicals. Each reference to current literature gives the source of the quotation with the author's name. The volume is well illustrated with chromo-lithographs, engravings and maps.

Refraction and How to Refract, including Sections on Optics, Retinoscopy, the Fitting of Spectacles and Eye Glasses, etc. By James Thorington, A. M., M. D., Adjunct Professor of Ophthalmology in the Philadelphia Polyclinic and College for Graduates in Medicine, etc. Two Hundred Illustrations, Thirteen of Which are Colored. Octavo. 301 pp. $1.50 net, Cloth. P. Blakiston's Sons & Co., 1012 Walnut Street, Philadelphia, Pa.

Dr. Thorington has written an admirable introduction to this very important part of ophthalmology; one which will be appreciated especially by beginners and students. Gifted with the ability to express himself in a clear, easy manner the author has succeeded in presenting the complex problems of refraction and optics in such a way as to be readily grasped even by the tyro in this branch of Medical Science.

The opening chapter on optics is terse and concise, and is followed by a consideration of the emmetropic eye. Chapter III. explains the ophthalmoscope and its use. The Abnormalities of Refraction are treated in a clear and comprehensive manner, and the different methods of measuring the same described; refracting with the ophthalmoscope, ophthalmometer and test lenses is carefully described. The chromo-aberration test is fully explained and illustrated with color plates.

The remainder of the book treats of muscles, cycloplegics, applied refraction and applied optics.

A Text-Book of Diseases of Women. By Charles B. Penrose, M. D., Ph. D.; Professor of Gynecology in the University of Pennsylvania; Surgeon to the Gynecean Hospital, Philadelphia. Illustrated. Third Edition, revised. Price $3.75 net. Philadelphia: W. B. Saunders, 925 Walnut Street. 1900.

The previous editions of this very popular book have been received so handsomely by the profession, that it is hardly necessary to call detailed attention to its many valuable features. The present edition, being the third

in number, has undergone a most thorough revision and room has been given to a consideration of all the latest advances in gynecological practice. Of convenient size and written in an easy comprehensive style we feel safe in predicting for it a continued sphere of usefulness and popularity. Perhaps the best idea of the character and scope of the work may be obtained from the following extract, taken from the author's preface to the first edition:

"I have written this book for the medical student. I have attempted to present the best teaching of modern gynecology, untrammeled by antiquated theories or methods of treatment. I have, in most instances, recommended but one plan of treatment for each disease, hoping in this way to avoid confusing the student or the physician who consults the book for practical guidance. I have, as a rule, omitted all facts of anatomy, physiology and pathology which may be found in the general text-books upon these subjects. Such acts have been mentioned in detail only when it seemed important for the elucidation of the subject, or when there were certain points in the pathology hat were peculiar to the diseases under consideration."

A Manual of the Diagnosis and Treatment of the Diseases of the Eye. By EDWARD JACKSON, A. M., M. D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic; formerly Chairman of Section on Ophthalmology of the American Medical Association; Member of the American Ophthalmological Society; Fellow and ex-President of the American Academy of Medicine. 600 pages, 178 illustrations, and 2 colored plates. W. B. Saunders, Philadelphia. 1900.

The name of the author is a sufficient guarantee of thorough, pains taking and scientific work. Dr. Jackson is recognized as one of the best oculists in America and as having few equals in the science of refraction. Taking it for granted that the reader is familiar with the fundamental principles of opthalmology and the gross and minute anatomy of the eye, the writer goes directly into a consideration of the practical treatment of ocular diseases and the errors of refraction.

The author has in some respects varied from the classification in vogue with the older writers, and in discussing the interesting question of sympathetic opthalmia he takes the ground that the chances for recovery of the sympathizing eye are much better if the exciting eye is promptly removed. In this he differs from other authorities of note, but is in line with more recent observers.

The chapter on diseases of the crystalline lens and on "pupillary reactions," the latter a subject that is often treated in a very cursory manner, will be found of especial value. As might be expected, the section on refraction is unusually fine. Dr. Jackson is an exponent of what has been termed the "Philadelphia School of Refractionists" and believes that Retinoscopy, or the "shadow test," is the only reliable way of estimating astigmatic errors, a subject he presents in a simple and intelligent way. The newer drugs are mentioned in connection with their therapeutic applications.

Saunders' Question Compends, No. 17, Essentials of Medical Diagnoses. By S. SOLIS-COHEN, M.D., and A. A ESHNER, M. D. Illustrated. Second Edition, Revised and Enlarged. W. B. Saunders, Philadelphia, Pa. 1900. $1.00.

The sale of Saunders' Question Compend has been enormous, over 175,000 having passed into the hands of the student and practitioner. In preparing for any medical examination, whether for degree, license to practice etc., these Compends are of undoubted value, as they contain the "Essentials." The authors of the volume in question have condensed into 417

pages an immense amount of practical information. The volume is well printed on good paper and handsomely bound in blue cloth. The price, $1.00, is certainly in the buyer's favor.

The May Scribner contains four illustrated articles that are unusually informing in regard to questions of contemporary importance.

"The Paris Exposition" is the subject of a well written article, by the artist E. C. Peixotto who has spent several months in Paris lately.

"Rapid Transit in New York" has been discussed a good deal in the great dailys but the first presentation of exactly what it means and how it will be carried out, and, how the tunnel and its stations will actually appear, is contributed to this number of *Scribner's* by William Barclay Parsons, Chief Engineer of the Rapid Transit Commission.

The illustrations show precisely what this great engineering work will be like.

"Cripple Creek" gold mine is the subject of an illustrated paper by Francis Lynde. Just a little while ago the gold output of Colorado was $3,000,000 a year; now it is $30,000,000, the greater part of it coming from Cripple Creek.

"The Boer War" narrative is continued by H. J. Whigham, who reviews the alleged British mistakes—illustrated.

"Roosevelt's Cromwell" shows where Cromwell, as executive, fell short of the highest ideals by failing to carry out his intentions in good faith without thinking of his own interests.

Fiction is represented by "Tommy and Grizzle," "Egg Island," and an O'Conner story, "Princess Royal."

The Youth's Companion of April 26th is an exceedingly interesting number of this excellent publication. The *Companion* endeavors to instill patriotism into every reader, and with this object in view earnestly advocates the flying of the stars and stripes from every school-house in the land. In this number the observance of Arbor Day is urged.

"Insect Friends and Enemies" is an interesting and valuable contribution by Prof. A. S. Packard, of Brown University.

"The Terrible Follower" is the title of an exciting wolf story of the Aroostock region in Maine in the 40s.

"DuHuckaby's Premium Bale" (of cotton) will interest all young people—and old folks, too, "who keep their best affections young."

The second chapter of "At the School-House Fartherest West," a tale of school teaching in Alaska, is decidedly interesting—dealing, as it does, with the home life of the Alaskan Indians; telling of their terrible struggle for food to sustain life during the cruel winter.

The Pulse in Pneumonia.—M. Carrière, of Lille (Progrès mèdical, June 24th), stated at a recent meeting of the Société médicale des hôpitaux that the pulse in the evening frequently takes on in pneumonia the hesitating character shown on the sphygmograph by a broken ascending line. This pneumunia, he says, is easily perceptible to the touch in severe cases of pneumonia. Its prognosis is very grave, it coincides with feeble arterial tension and cardiac failure due to myocarditis. Of six patients in whom this phenomenon was noted, five died.—*New York Medical Journvl.*

Review of Medical Progress.

The Hygiene of the Asthmatic.—Dr. Jack, (*Buffalo Medical Journal, January, 1900*) refers to a paper he had previously read, in which he described asthma as a disease due to an abnormal blood biachemy, which impairs its oxygenation, that the nerves and lungs take no part in its etiology other than the performance of physiological duty, and that the blood dyscrasias that figure most prominently in its etiology are the anemic, the lenkemic and the lithemic.

He divided the methods of treatment into diet, habits, baths, altitude light and habitation.

He advocates a gradual change to a proteid diet with a free use of fruits rich in acid, as well as foods rich in alkalies. Hydrotherapy is ranked next in importance to diet in the treatment of asthma.

A great deal of tact is necessary in prescribing this treatment for the asthmatic, as he has an inborn dread and fear of cold water, and the physician who simply tells his patient to take a cold water bath once a day will probably never know the results of his prescribed treatment. It is the author's custom to begin with salt rubs. The patient takes two quarts of hot water and makes a saturated salt solution, then soak in this salt solution ten linen towels about two and a half feet long. After the towels are thoroughly saturated, hang without wringing and let them dry. This produces a rough salt towel with which the patient is ordered to rub himself for five minutes every morning. After this in the allowable cases he then orders the cold water sponges.

Sunlight and a life at high altitudes also exercise a beneficient effect upon the disease.

He discountenances the habitual use of alcohol, it may be advantageously used during severe asthmatic seizures. Tobacco should never be allowed in any form or at any time. He notes that drug habits are often imposed upon asthmatics by physicians. R. L. F.

Silver-Nitrate in the Treatment of Pulmonary Phtisis.—Dr. Mays (*Philadelphia Medical Journal*, 1899, Vol. 4, No. 27), says he has used the silver-nitrate injections over the course of the vagi in the neck in the treatment of pulmonary phthisis for more than , and he concludes from his experience, that no other remedy has ever given him such decided and specific effects on the cough, expectoration, appetite, sleep, night sweats, general strength and weight of this disease as this has. As to seat of injection, he believes it a good plan to give most of the injections on the side of the neck below which the infected lung is located, he has found in some cases that in time the injections become unserviceable on that side, and give better result on the opposite side of the neck.

To demonstrate this he refers to one case in which the patient's total gain in weight was 27 pounds in 27 weeks.

The aggregate gain due to the injection was 15 pounds after those in the left, and 12 pounds after those in the right side; although the principal gain of the former was obtained in the beginning of the treatment, while the principal increase of the latter was obtained at a later stage, and after the left side injections had done their best work.

The strength of injection used has been from 4 to 7 minims of a 2-5 per cent. solution, but the author has used 5 minims of a 5 per cent. solution in some cases with benefit. R. L. F.

Puerperal Insanity.—Dr. Hirsch (*Medical Record*, 1900, Vol. 57, No. 1), summarizes as follows:

(1) A specific form of mental disease, which might be called puerperal insanity, does not exist, The different psychases which are observed during one of the stages of gestation are the same as those we see in other patients.

(2) Pregnancy may, under certain circumstances, be one of the etiological factors of insanity. Its etiological importance, however, is proven by neither statistics nor clinical observation. It is therefore not permissible to terminate pregnancy on account of a psychasis unless there are special indications for such intervention.

(3) During parturition we sometimes meet a transitary disturbance of consciousness the clinical features of which resemble physical epilepsy.

(4) Psychases which occur in connection with the act of partuition are produced by (a) trauma in cases of difficult labor, (b) by anemia and exhaustion after severe hemorrhage, (c) by intoxication in septic cases, or cases with local inflamations, or uremia. The clinical symptoms of this group of psychases consist of an acute delirium which either leads to recovery after a short time or passes into a secondary psychasis. All these cases may be produced by the same causes in the now pregnant state. The clinical features have nothing specific in any way.

(5) Lactation as such plays no role at all in the production of insanity. It is due to other circumstances that during the first few months after delivery women on the average are more predisposed to nervous and mental diseases than under ordinary conditions. R. L. F.

Hemostatic Use of Gelatine.—If but a small proportion of the favorable results claimed for gelatin in the arrest of hemorrage shall be attained, these few will be sufficient reward for its administration in those cases of hemorrhage which have resisted other more certain methods. Dr. J. B. Nichols (Med. News) has collected some of the results from the use of gelatin in the hands of various observers, and also reports a severe case of hemophilia which yielded to the treatment. Attention is called to the danger attending subcutaneous use of the drug, while intravenous injection would probably be too dangerous to be admissable. Ingestion by the mouth is excluded, since the gelatin would be altered and its coagulant properties destroyed by the process of digestion. However, a case of obstinate bleeding from a gastric ulcer is reported in which the hemorrhage was immediately arrested by the ingestion of 200 cc of a ten per cent. solution administered by the mouth three times daily. The recognized dose subcutaneously, is from 30 to 100 cc. of a two per cent. sterilized aqueous solution of gelatin with .7 per cent. of sodium chlorid. The solution may be sterilized by keeping at a temperature of 100° C. fifteen minutes daily for two or three days. Favorable results have been reported in the treatment of aortic aneurisms, hemoptysis of tuberculosis, epistaxis, uterine hemorrhages, intestinal hemorrhage in typhoid fever, hemorrhoidal bleeding, purpura hemorrhagica, and locally in 5 to 10 per cent. solution with .6 to 1 per cent. of calcium of sodium chlorid, for the arrest of hemorrhage in wounds. Of course its use is not intended to supersede established and more certain methods where they can be applied.

In uterine hemorrhage the method has been employed, mostly by intra-

uterine injections, also by gelatinized vaginial tampons, in thirty-two cases reported by Carnot (1), Siredey (9), Martin (1), Lachatre (20), and Bar and Keim (1). The hemorrhage was associated with chronic endometritis or metritis in fourteen of the cases, metritis with mucous polyp in one case; abortion, seven cases; fibroid tumors, six cases; cancer of the cervix, one case; laceration of vagina during labor, one case; menopause, one case; unknown cause one case. In all the cases except that due to menopause the treatment was successful and the hemorrhage definitely checked. Dalché also reports a case treated by gelatin in which a voluminous intra-uterine clot formed and caused much trouble, being expelled only with pain and difficulty.

Mercurol in the Treatment of Gonorrhea.—At a meeting of the Genito-Urinary Section of the New York Academy of Medicine, held on the 21st of March, Dr. Ferd. C. Valentine reported a case of acute gonorrhea treated by Mercurol irrigations. The patient was an American, aged 32, married, the secretary of a corporation; and was unusually anxious to get well with as little loss of time as possible. He had had several previous gonorrheas, resulting in stricture. On January 21st last while inebriated he had coitus extra domum. Three days afterwards he found a free yellowish discharge, with the usual pain on urination. He at once put himself under treatment, and for ten days was irrigated regularly with mercurol, for a part of the time twice a day. Discharge was reduced from a free yellow flow to a slight pin-head drop by the first irrigation of mercurol, 5 per cent, and the urine became clear. Miscroscopic examination of a specimen of the discharge, which was taken on the first day, showed numerous gonococci characteristically grouped in pus cells. Two days later after the fifth irrigation, the gonococci were found to have disappeared. A burning sensation was experienced after the irrigations, but the strength of the solutions being reduced, the pain gradually became less, and ultimately ceased. While he did not present the case as absolute proof of the applicability of mercurol as a gonococcide, he thought the results obtained were sufficiently satisfactory to warrant further tests. The preparation, he added, was a new one prepared by Dr. Karl Schwickerath, of Detroit.

Dr. Ramon Guiteras said mercurol was being used at the New York Post-Graduate Hospital. The treatment was less drastic than that described by the reader of the paper, the custom at the institution referred to being to commence with small dosages and gradually increase their strength, especially when new preparations were being experimented with. In the case of mercurol they had commenced with as mild a solution as one-half per cent., and finding favorable though rather slow results, they had gradually increased it, until now a solution of 2 per cent. was given to all patients who presented themselves at a clinic devoted exclusively to this mode of treatment, of which Dr. Otis K. Newell has special charge. He (Dr. Guiteras) was not sanguine about the discovery of a germicide which would cure gonorrhea in the brief time their unprofessional brethren with their remedies claimed to be able to do, but on the other hand he did not wish to be regarded as a pessimist, and if mercurol proved to be as much of an improvement on protargol and argonin as they had been on permanganate and nitrate of silver, it proved at all events that they were progressing along the correct lines.

Further reports of experiments in progress with mercurol are to be given at future meetings.

A FOREIGN INVASION.

There is a rumor current among American manufacturing pharmacists that an attempt will be made on the part of foreign chemical houses, at the next meeting of the American Medical Association at Atlantic City, to capture the section on Materia Medica, with the object, so it is stated, "to discard American products and endorse only foreign preparations." The German chemical houses are said to be more particularly interested in this coup, which, however, seems to us entirely impossible of success. Our information on the subject is of the meagerest, but on its face a proposition to publicly and officially discriminate against American products and in favor of foreign manufacturers, carries its own defeat, and it is beyond belief that such a measure could possibly be carried through in the American Medical Association. Certainly such a step would have no justification in even a scientific sense, since the best class of products of the American manufacturing pharmacists compare to advantage with those of any other country. Such a report has naturally stirred up American manufacturers and it is more than likely that, even supposing such a thing were ever possible, the publicity given the matter will be sufficient to put a decided quietus upon the reported attempt. It is hardly necessary to add that the great bulk of the medical profession would receive with distinct disapproval any effort to discriminate unjustly against their own countrymen.

Conservative Gynaecology.—Dr. G. Granville Bantock, consulting surgeon to the Samaritan Free Hospital, in his Presidential address before the British Medical Association at Portsmouth (Obstetrics and Gynæcology Section) commented upon the growing tendency to resort to the knife in obstetrical—gynæcological practice instead of relying upon measures of a more simple and conservative character. It seems to be sufficient in the eyes of some medical men that a woman should have a uterine fibroid, however small, in order to justify the total removal of the generative organs. The late M. Péan held that a fibroid is essentially a malignant growth that must be removed, and many nowadays have adopted his view. When the life history of the uterine fibroid comes to be written this idea will be found to be erroneous. A fibroid tumour does not necessarily interfere with impregnation, the full development of the fœtus, and its safe delivery, nor with the repetition of the process again and again. The supposed analogy between ovarian tumours and fibroids has led to many fallacious deductions. If a woman complain of pain in the pelvis, especially in either ovarian region, as the result of an abortion, chronic uterine congestion, or follicular disease of the cervix, the appendages are removed. If she is the subject of an uncomplicated retroversion which an ill-devised and ill-adapted pessary has failed to relieve, then she must undergo an operation for fixing it in position, either by the vaginal or abdominal route. Now, in many such cases operative procedure is quite unnecessary ; in cases of uncomplicated retroversion Dr. Bantock has rarely, if ever, found operation needful. "When in doubt open the abdomen" was a maxim of the late Mr. Lawson Tait, to whose genius and initiative gynæcology owes so much. By this, Mr. Tait did not mean that the abdomen should be opened to solve a doubt as to whether there was disease or not, but to ascertain the exact nature of a diseased condition, of the existence of which there could be no doubt.

It is an idea of recent origin that the ovary secretes a something of service in the bodily economy, and that whenever it is possible in an operation involving of necessity the removal of only a part of the generative organs, one or both ovaries should be left. But is there any evidence in support of this theory? The function of the ovary is to provide ova, and, in the normal state, having discharged that function, the ovary atrophies, and becomes not only a useless but dangerous organ, very liable to disease. In a large proportion of cases, disease attacks the ovary after the period of its functional activity has passed. And when the uterus or its Fallopian tubes have been removed, the ovaries should also be removed. In his own practice, Dr. Bantock has frequently had to remove a second ovary after an interval of as many as 11, and even 18 years, and the possibility of such an occurrence is a strong argument in favour of Mr. Lawson Tait's dictum that removal of the second ovary—as in the case of the appendages—should be the rule of practice.

In concluding his remarks, Dr. Bantock urged that medical writers should display more moderation and discretion in publishing alleged results of their investigations. It has latterly become the custom of a considerable majority of the vast army of writers who fill the pages of medical journals with immature and unproved deductions, to promulgate opinions and put forward conclusions based upon insufficient evidence. Thus, an operator decides that he will sew up his abdominal wounds in a particular manner, and he forthwith announces to the world that he has banished ventral hernia after abdominal section. He does not wait 10 years, he does not even wait 5 years to see the results and ascertain the permanence or otherwise of his method. It is the indiscriminate and useless notices of such crude and unproved views that unhappily crowd the pages of most medical journals, and render reference and search for facts of definite practical value to the practitioner so difficult. The output of medical literature has become something enormous, and it is continually increasing. We heartily wish that medical writers would bear in mind the adage that "it is never safe to prophesy until one knows."—*Medical Review, England.*

The Prevention of Recurrences in Syphilitic Diseases of the Eye.—Galezowski (*Wien. klin. Rundbschau*, July 30, p. 513).—By the following treatment Galezowki believes that he prevents recurrence in syphilitic ocular disease:

(1) In syphilitic disease of the choroid, mercurial inunctions should be undertaken for two years; the place of inunction being varied daily.

(2) The dose should not exceed 30 gr., and according to the age and constitution of the patient, doses of 8 gr. or 15 gr. are better. After every ten inunctions a pause of four days may be made. The best bases for the mercurial ointment is lanolin.

(3) Longer pauses than three weeks should not occur in the whole two years. A pause of three months completely nullifies the treatment.

(4) Potassium iodide has no curative influence on ocular syphilis, but is directly injurious on account of the conjunctivitis to which it predisposes and should accordingly not be given in the majority of cases. Potassium iodide has only one use in the treatment of ocular syphilis, namely, to counteract the injurious influences of large doses of mercury.—*Medical Review, England.*

The Citizens of Asheville, N. C., including many physicians, have organized an association under the name of the Asheville Public Health and Resort Association. The objects of the association are the "protection of public health, perfection of Asheville and surroundings as a health and pleasure resort, and the supply of reliable information about the locality." The professional members of the association devote much time to the scientific questions involved, in imparting knowledge on hygiene, disinfection of homes, and climatology so that accurate data may be gathered and formulated. Their constitution provides that any charlatan, quack, gambler, or any one engaged in immoral or disreputable busines in any profession, trade, or other walk of life, or who shall act directly or indirectly against the interests of Asheville or its citizens, shall be ineligible to membership. The Association is a most worthy one, and will certainly succeed.

Professional Behavior.—For a common-sense view of the battle which a practitioner should wage we must commend the eminently plain-spoken, sometimes even brutally so, address of Mr. R. F. Tobin at St. Vincent's Hospital, Dublin. Whether this house of healing be dedicated to St. Vincent the Spanish deacon or St. Vincent de Paul, it was a most fitting place for those who, in Mr. Tobin's words, are "boldly joining the battle of life" to hear some excellent advice on the conduct of the war. Mr. Tobin laid special stress upon beginning work as soon as possible after becoming qualified. "Drifting," he said, "is usually done by men in search of what they call a vacancy. Now let me tell you there are no vacancies in the medical profession." Mr. Tobin went on to speak of the importance of keeping up appearances, of course, however, with a due regard for the honorable traditions of the profession.

"You may advertise yourself by your hat, by the play of your facial muscles, by titles, equipages, mansions in fashionable squares, reports of cases, inaugural addresses—in a word, by every action which a man may play. Advertisement with us may be described as a keeping up of appearances, for, of course, it is by appearances the public are mainly guided in their estimation of us. I am not going to run full tilt against advertisement. On the contrary, I hold that a doctor often can not do better than put his money into his own business—firstly, by making himself as efficient as possible; secondly, in properly setting forth such efficiency. But, at the same time, I would like to warn you against overstepping the limits outlined by the experience and good sense of the wise men who have gone before us."

After a warning against what, to use a strictly Parliamentary expression, we may call a "game of bluff," Mr. Tobin bade his hearers remember that it is often contrary to a man's pecuniary interests to be forced too rapidly into practice. Mr. Tobin was peculiarly happy in his remarks on telling the truth—that is, the truth modified by circumstances as it may have to be. In our profession it sometimes happens that the remark made by a character in a play which was presented some twenty years ago in London has to be remembered. "Gentlemen," he said, "it is quite evident that all we have to do is to tell the truth, but for any sake let us decide on what the truth is to be." Not that we mean by this that deceit is necessary. With regard to veracity we can as a profession hold our heads high, but the naked truth sometimes has to be suitably clothed. Mr. Tobin closed his address with a pathetic reference to the beauty of hidden lives—those, for instance, of sisters in the hospital and humble heroes in the army. To those students, not

only of St. Vincent's Hospital but of every other hospital, who are beginning what is necessarily a hard struggle, the rallying cry of the old Theban legion in a time of sore trial, "Vincenti," may serve nowadays as it did then to save them from failing in the strife.—*The Lancet.*

Mechanism of Suffocation by Swallowing Large Pieces of Foods.—Dr. B. Rischarvz describes (*Wein. klin. Woch.*, No. 35, p. 874) the conditions under which suffocation is caused by pieces of food swallowed. Reports of such cases usually state vaguely that the piece was "very large," etc., and accurate statements are very rare. In some cases the piece was obviously too large to pass the œsophagus, but in one there was found in the stomach a piece of meat quite as large as that blocking the larynx, and which had caused suffocation. The movements in the throat preparatory to swallowing which shut of off the respiratory from tho digestive passages, making the former passable, begin by closing the retro-nasal space by pressure of the velum against the posterior wall of the pharynx. During repose the lumen of the larynx, is the direct continuation of the pharynx, while the œsophagus lies behind. In order to make the œsphagus into the continuation of the pharynx the larynx is drawn to one side. This is actually effected, it being drawn forwards and upwards by the hyo-thyroid muscles, and after which it is slightly raised a little more by the genio-hyoid, mylo-hyoid and the anterior belly of the di-gastric. When these movements have been accomplished food cannot enter the larynx, the epiglottis being at the time beneath the root of the tongue, which is drawn forwards and downwards, and is pressed down on the opening of the larynx. No foreign body can then pass into the larynx. If now anything should interrupt the act of swallowing, the parts return to a state of repose, the velum becomes relaxed, the larynx sinks downwards and backwards, the orifice of the larynx becomes open and the epiglottis become raised from it: the food w ich has been grasped by the muscles of deglutition is no longer restrained and it enters the larynx. The piece of food offers a direct hindrance to the recommencement of the act of swallowing, and only coughing, and then only in the case of very small pieces, can eject the piece.

From a consideration of all the facts, the writer concludes that suffocation may be caused by pieces of food which are neither too large to pass the œsophagus, nor have entered the larynx. The fatal result in these cases is due to the interruption of swallowing at its height, the piece of food thereby released from the hold of the muscles falling on to the entrance to the larynx from which there is no means of escape.

Bob's Examination.—The *Arkansas Traveler* tells the following story, which gives a little insight into the humor which enters into the life of a medical examiner of a life insurance company:

Old Bob conceived the idea of having his life insured.

"How much do you weigh?" asked the examining physician.

"I weighs 'bout fifteen poun's more den my wife does."

"Well, but how much does she weigh?"

"I'se dun forgot; but she's a whopper lemme tell yer."

"How tall are you?"

"Who—me?"

"Yes, you."

"Lemme see. Does yer know Abe Sevier what worked for old man Plummer?"

"No."

"Wall, I'se sorry, for I ain't quite ez tall ez he is."

The doctor, after weighing old Bob and measuring his height, asked:

"How old are you?"

"Who—me?"

"Yes, of course you. You are being examined."

"Dat's a fack. Wall, lemme see. My birfday comes in July an' now whut I wants to get at is how many Julys I kin recolleck. Ain't dat de p'int?"

"Yes."

"Wall, lemme see. Blame ef I knows. Suppose we make it August, 'stead of July?'

"What difference would that make?"

"Doan't know, but it's jez ez easy."

"I'll put you down at fifty."

"Put who down at fifty?"

"You, of course."

"No, boss, doan' put me down at fifty. Jes' say seventy-five."

"Why do you wish to appear so old?"

"Wall, yer see, I'se gwinter git er 'vorce from my present wife an' marry a young gal. Ef a man dat's got er house an' lot 's mighty ole, er young gal will marry him, 'case she thinks dat he will soon drap off an' den de house an' lot will show her up mighty fine in de market."

"How old is your father?"

"'Bout er hundred an' ten."

"You don't tell me so.

"Yes, I does."

"Is he in good health?"

"Ou, no, sah, dat ain't whar he is. He's in de grabe."

"Thought you said he is 110?"

"He is. You didn't ax me how old he wuz when he died."

"Well, how old was he when he died?"

"'Bout forty."

"Had he enjoyed good health?"

"Oh, yes, sah, de healthiest man yer eber seed."

"Did he have a lingering disease?"

"Whut sorte 'zeaze?"

"Was he sick very long?"

"Oh, no sah. He drapped off mighty sudden."

"Heart disease?"

"No, sah."

"Did the doctors attend him?"

"No, sah."

"Well, what did they say was the matter with him?"

"Da didn't say much o' nothin'. One o' 'em climbed up an' put his ear agin de ole man an' said dat he was dead enough ter be cut down. Den de sheriff cut him down an' put him in er box. Doan' think dat he had heart 'zeaze, boss. Think dat he had some sorter trouble wid his naik."

"Look here, I don't believe that you want your life insured."

"I doan' b'lebe I does sah, since yer's gunter pry inter a man's family history. Good day, sah."

Nature and Science.

A new substance has been discovered that gives off in large quantities the curious rays called from their discoverer "Becquerel rays," which have much in common with the electrically excited "X-rays." As announced by M. Violle before the Paris Academy of Science (October 16) the new metal, like polium and radium (two other newly discovered "radiant metals") is obtained from pitchblende and is allied to titanium. "It has," he says, "a radiating power incomparably more intense than that of uranium."—*Literary Digest.*

"**Potatoes contain a poison** known as solanin," says the *Sanitary Home*, Fargo, N. D., November. "New potatoes contain comparatively little of this poison unless they grow above the surface of the ground and have a green skin, when they are generally known to be poisonous. It is not, however, generally known that old potatoes contain much more of this poisonous principle—solanin—and many cases of serious poisoning have occurred in late summer, when old potatoes are used. In 1892 and 1893, there was almost wholesale poisoning among the troops of the German army. The symptoms were frontal headache, colic, diarrhœa, vomiting, weakness, and slight stupor and in some cases dilation of the pupils. Meyer investigated the case and found in old potatoes, kept in a damp place, and beginning to sprout, twenty-four times as much solanin as in new potatoes. When using old potatoes in June and July, it will be well to keep this fact in mind.—*Literary Digest.*

Valuable Skulls.—The director of the Geological Survey has had an appraisement made by experts to determine the value of the specimens of the fossil dinosaurs belonging to the collection of the late Prof. O. C. Marsh, which have been turned over to the National Museum in Washington. According to this estimate, the skulls of the monster *triceratops*, or "three-horned beast," are worth at least $5,000 apiece, while other skulls vary in value from $50 to $250. The head and neck of the *triceratops* were covered by an enormous bony helmet seven or eight feet long.

Curious Origin of Flavors.—Among the most remarkable glimpses into hidden corners of nature that recent scientific advance has afforded are the frequent discoveries of micro-organisms in unexpected places, where they produce phenomena heretofore supposed to arise from other causes. For instance, Dr. A. Pettersen, of Ursula, Sweden, has ascertained that in preparations of meat and fish containing, for purposes of preservation, salt to the amount of 15 per cent., micro-organisms grow luxuriantly, and he concludes that the flavors and odors that are peculiar to various salt conserves are due to the micro-organisms with which they are crowded.

Arizona's Jewelled Trees.—At the request of the General Land Office, Mr. Lester F. Ward recently explored the fossil forests of Arizona. The richest deposits of silicified trees covers an area of about eight miles square, in Apache county. In some parts of this area the petrified logs lie much more thickly than they could have stood while living, and Mr. Ward thinks they must have been transported by swift currents of water in the Mesozoic era. Microscopic inspection of the texture of the agatized wood proved that it resembled the araucarian pine of the Southern Hemisphere.

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Soluble Sugar and Gelatin Coated .....PILLS.....

NERVE STIMULANTS.

Pil. Caffeine Cit. 1 gr.
Dose 1. 40c per 100.

℞

Pil. Phosp. cum Bellad.
Phosphorus 1-100 gr.
Ext. Bellad, 1-8 gr.
Dose 1 to 2. 50c per 100.

Pil. Ext. Ignatia Am. 1-4 gr.
Dose 1 to 2. 30c per 100.

NERVE TONICS.

Pil. Assafœtida Comp.
Assafœtida 2 grs.
Ferri Sul. Exic. 1 gr.
Dose 2 to 3. 25c per 100.

Pil. Assafœtida 2 grs.
Dose 2 to 4. 20c per 100.

℞

Pil. Sumbul Comp.
Ext. Sumbul, 1 gr.
Assafœtida, 2 grs.
Ferri Sulph. Exsic., 1 gr.
Acid Arsen. 1-40 gr.
Dose 1 to 2. $1.00 per 100.

NEURALGIA.

℞

Pil. Neuralgic (Gross)
Quinin Sulph. 2 grs.
Morphin Sulph. 1-20 gr.
Strychnin. 1-30 gr.
Ac. Arsenious, 1-20 gr.
Ext. Aconiti, 1-2 gr.
Dose 1 to 3. $1.00 to 100

Pil. Neuralgic (1-2 size.)
(Dr. Gross.)
Dose 1 to 3. 60c per 100.

℞

Pil. Neuralgic.
(Brown Sequard)
Ext. Hyoscy. 2-3 gr.
Ext. Conii. 2-3 gr.
Ext. Ignat. Am. 1-4 gr.
Ext. Opii. 1-2 gr.
Ext. Aconiti 1-3 gr.
Ext. Can. Ind. 1-4 gr.
Ext. Stram. 1-5 gr.
Ext. Bellad 1-6 gr.
Dose 1. 90c per 100.

SOPORIFICS.

Pil. Hyoscyamine 1-100.
Dose 1. 45c per 100.

Pil. Svapnia, 1-2 gr.
Dose 1 to 2. 90c per 100

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Therapeutic Experiences and Suggestions.

The object of this department is to afford the profession an opportunity to discuss, pro and con, the newer therapeutic agents.

Pseudo-Leukemia---A Report of Two Cases.—By A. H. Ohmann-Dumesnil. Among the affections of the lymphatic system there is perhaps none which is more obscure than pseudo-leukemia. The small knowledge which is at present possessed by the medical profession in regard to the lymphatic system and its diseases is in great part responsible fort his. The fact that, after much painstaking effort on the part of anatomists, so little has been definitely established concerning the lymphatfc system may, in great part, account for this lack of knowledge in regard to the diseases to which it is subject. What is known is that pseudo-leukemia is caused by tuberculosis, leprosy, syphillis, elephantiasis Arabum and perhaps some other conditions, each one in turn being dependent upon some specific cause.

No attempt will be made here beyond narrating two cases which not only improved, but of which one was completely cured in a short time. Whilst one bears a great resemblance to Hodgkins' disease, the other would not lead to any idea of the sort. In fact, in neither one was the thought entertained that a true example of this trouble existed, although there was some little doubt in regard to this matter in the mind of the writer. The lymphatic implication was present, and this was certainly sufficient. Besides this, blood examinations confirmed the diagnosis, and, with this for a foundation, treatment was inaugurated with complete success in one and improvement in the other.

The following two cases will perhaps be found more interesting as illustrative both of the condition and of the treatment than a long dissertation on the subject would be, and for this reason they are given here. It will be noted that one was much more severe than the other and did not yield as readily.

Case 1.—Miss L——, a well-developed and well-nourished blonde of 16, applied to me for treatment of quite a large tumor of the left side of the neck, situated at the border of the ramus of the jaw and extending down some three inches. In its horrizontal diameter the tumor measured about four inches, and was more or less nodulated and nearly two inches through. It had been some time in growing, and the physician in her town called it scrofulous and proposed excising it. As she refused this method she was referred to me for advice. Upon examination of the family history, the anamnesis, and direct examination of the tumor, tuberculosis as a possible cause was rejected. A drop of blood under examination showed the trouble to be pseudo-leukemia. Acting upon this, the treatment ordered consisted of the following:

℞ Iodo-bromid calcii co. (Tilden)..... ℥xvi.
Sig. A teaspoonful in water three times a day.

In addition to this the patient was ordered to rub in well the following ointment:

℞ Tinct. iodini co..... ℥j
Ung. aquæ rosæ..... ℥j
M.
Sig. Rub in twice daily.

After two weeks of this treatment a perceptible diminution in the size of the tumor could be made out on mere inspection. The treatment was continued, and in about two months there was no vestige left of the tumor which had existed. An examination of the blood showed it to be normal. The condition of the patient was excellent and it has remained so. To-day, after a lapse of over three years, she continues healthy, and there has not been the slightest indication of a return of the trouble.

CASE II.—Mr. R—, a man, already past 50, consulted me in regard to a trouble which had annoyed him for quite some time. He complained of a large number of varied symptoms, which were all referable to one cause. He had enormously enlarged lymphatic glands in the groins, which were so interwoven that they presented one large mass on either side. Enlarged as well as indurated glandular masses existed in the axillæ, upon both sides of the neck and along the right sterno-cleido mastoid muscles. Much complaint was made of an "asthma" which annoyed the patient very much. This and the failure to relieve him had made him very weak. The condition was determined to be pseudo-leukemia and the difficulty in breathing caused by the lymphatic tumors in the chest cavity. Acting upon these findings the following was ordered:

℞ Iodo-bromid. calcii co. (Tilden)..... ℥ xvj.
Sig. Two teaspoonfuls in water times times daily.

For external use the following ointment was ordered applied to the enlarged masses twice daily.

℞ Tinct. iodini co..... ℥ iiss.
Ung. aquæ roæ..... ℥ ij.
M.
Sig. Apply thoroughly twice a day.

In a very short time the glandular masses softened. In a few weeks respiration became easier and soon thereafter it was normal. The patient complained of weakness and was given Vin Mariani, which aided him considerably. In order to accentuate the action of the remedy he was taking he was given arsenauro in ten-drop doses after each meal. At last accounts he was doing well.

Such is a brief outline of two cases of a trouble which is acknowledged to be most difficult to relieve, let alone cure. Were examples of pseudo-leukemia more numerous a line of treatment might be formulated which perhaps might prove specific. This not being available at present and knowing well the good effects of iodo-bromide of calcium upon the lymphatic glandular structures, I employed it with the good results recorded above. I is a safe and a reliable remedy and its worth and value have been fully demonstrated in a large number of conditions which require an alterative of undoubted strength and virtue.

The two cases which have been outlined above are such as to suggest the possible value of this remedy in tubercular glands. It is well worthy of a trial, as it seems to have an elective affinity for lymphatic glands, and by its action upon them may so act upon the tubercle bacilli as to render them innocuous, if it cannot destroy them. In one case of strumous glands of the neck in a girl which the writer treated it acted well, although it required some considerable time to effect a cure, which seemed absolute, although it might only have been apparent. For six years there was no return, and then the patient passed out of sight, having removed from the city.—*St. Louis Medical and Surgical Journal, April 1900.*

Causes, Diagnosis and Treatment of Cystitis.—In the *Medical News* of April 17th, 1900, appears a complete and comprehensive article with above title by Dr. Ramon Gliteras, a recognized authority on diseases of this genito-urinary tract. We reprint herewith portion of this paper on "Treatment of Cystitis Due to Tuberculosis."

"In the treatment of tubercular cystitis, the practitioner encounters a condition that taxes all the resources at his command and he errs, as a rule, on the side of too much, rather than too little treatment. In other words, it often happens that the more you treat the patient locally for his cystitis, the worse the condition becomes. It is, therefore, necessary to proceed cautiously in the treatment of this form of bladder inflammation, and above all, is it important to improve the general condition of the patient as much as possible. If we were to treat patients suffering from tubercular cystitis along the same lines as pulmonary cases, namely, by sending them away to lead an open air life under conditions that would improve their nutrition to the utmost, the condition would be much more rapidly improved or cured than by anything that could be done by the ablest specialist of the period.

Numerous remedies have been recommended by different authorities for the treatment of this form of cystitis, and naturally every practitioner who encounters this rebellious trouble grasps at anything that offers the probability of a cure. Guyon at one time advocated the use of intravesical injections of bichloride of mercury, 1 to 10,000 and since then many have been following his advice, but such a solution will rarely cure this disease, while it usually produces an irritation that is almost unbearable.

Nitrate of silver and permanganate of potassium have the same effect. Boric acid and boro-glyceride irritate less, but do not seem to possess the power to ameliorate the disease. Recently iodoform injections have been advocated, and the procedure would seem to be founded on a logical basis. Three or four ounces of a five per cent. solution of iodoform in liquid vasaline are injected into the bladder every two or three days, the patient being instructed to watch the stream when he urinates and stop the flow as soon as the oil appears. This forms a permanent iodoform dressing of the bladder-wall, and in the hands of some of the French surgeons is said to have met with gratifying results.

Personally, I have had better results with borolyptol in this class of cases than with any other remedy which I have employed. This seems to have a powerful germicidal effect, while the fact that it does not irritate the bladder renders it pleasant to the patient. It is used in the strength of from 1 in 8 to 1 in 16 in irrigations by the hydrostatic method. After a few irrigations at the office, the patient will be able to use it every night at home. I have one patient now under observation who suffered for a number of years from a most aggravating frequency of urination accompanied by pain, dependant upon a tubercular cystitis. Under this treatment the urine has cleared up, the tubercle bacilli have disappeared and the patient can hold his urine from seven to nine hours at night and from four to six hours during the day.

Internally in connection with any local treatment, an antispasmodic and internal antiseptic should be used as a palpiative measure; it is wonderful how much relief may be given to the patient by this means, even although pus remains in the urine and the tubercle bacilli still be found. One patient has been coming to me for three months who was entirely relieved of his disagreeable subjective symptoms by a mixture containing 10 minims of the

tincture of belladonna, 15 grains of benzoate of soda, and oil of gaultheria up to one drachm, t. i. d., although not until he was put on the borolyptol irrigation did the pus and tubercle bacilli in the urine diminish to any marked degree. The effect of the palliative internal medication is worthy of notice, in view of the fact that he had suffered for fourteen years and had been under the care of many different physicians without relief, having most probably been over treated by too much instrumentation and too frequent or too irritating irrigations."

A Remedy Long Sought For and desired is to be found in the Extract of Supra-Renal Capsules.

It is at once the most powerful, non-irritating and non-toxic of vaso-motor constrictors. By the use of a three to five per cent. aqueous solution of the extract inflamed mucous membranes may be bleached to a condition of complete bloodlessness.

In eye inflammations and the various forms of rhinitis it gives relief for hours after a single application.

Its power to render membranes bloodless is greater and more prolonged than much stronger solutions of cocaine.

It is an aid to cocaine in the production of anesthesia, but must be used as a separate application. While cocaine is by no means the dangerous drug it is often stated to be and cocaine fiends are far from being as numerous as many writers and observers among medical and laymen would have us believe, yet this remedy will do much to allay prejudice and give to the physician a more satisfactory and less expensive remedy.—W. J. Bell, M. D.,in *Medical Herald.*

One on the Physician.—"Say," said the doctor, addressing the druggist and winking knowingly at the clerk, "do you know anything about this stamp tax."

"Sure," replied the druggist. "What do you want to know?"

"Suppose," continued the M. D., "that I wanted to express my opinion would I have to stamp the express receipt?"

"Undoubtedly," answered the druggist. "But if you will allow me I would suggest that you forward your opinions by mail!"

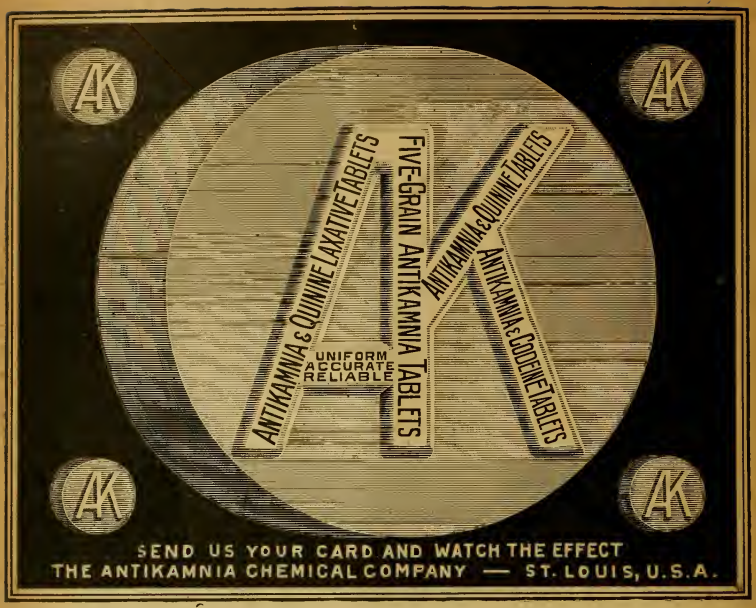
" And why by mail?" asked the autocrat of physic.

"Because," replied the dispenser, "as they have no weight it would be much cheaper.—*Bulletin of Pharmacy.*

Mercurial Injections.—One of the objections to the use of intra-muscular injection or mercurials is that they are apt to be painful, at least for a time. It is stated, however, (*New York Med. News* Sept. 9), that if a small amount of guaiacol is added to the oil used the process is rendered practically painless. The following formula is given:

℞ Hydrarg. iod. rubr. gr. 8.
Guaiacol pur. minim. 45.
Ol. olivæ ster. fl. oz. 3.

The injections are practised daily, or every other day, 30 minims of the above mixture, representing about gr. ⅙, of the biniodide being a dose. The fluid is injected perpendicularly into the muscle, the buttock being the site usually chosen.—*The Medical Review, England.*



A Case of Sinus.—G. W. Bodey, M. D., Kettlersville, Ohio, January 17, 1899. I used Ecthol on a case of sinus extending from the inner and middle of the right thigh upward and outward nine and one-quarter inches in length. It had been operated upon in that locality twice, also once on the canal from the psoas abscess, its starting point. The sinus was lined with a tough pyogenic membrane, so that by inserting the index finger its full length occasioned no pain. The young man, 22 years old, would submit to no further operation. I inserted perforated rubber tube, one-half inch in diameter, nine inches, burned or destroyed the membrane with chloride of zinc solution, after which I used Ecthol, filled the cavity completely full three times a day, by which the pus ceased to flow from the very beginning. I continued its use until I could not even insert a catheter. I applied a rubber bandage for five weeks, dismissed him then as cured; the period extended eight months. I used five bottles of Ecthol. I dismissed the case in May last, and will wait to see further results, then I will try to write an article on that case and on two others on whom I used the medicine. My faith in Ecthol is unlimited, and can only say the case above described, from a city of twenty-eight physicians, has increased my practice in that locality.—*Medical Brief.*

Gonorrhea, Gleet and Leucorrhea.—Kennedy's White Pinus Canadensis gives perfect satisfaction in gonorrhea and gleet; have used it in cases within the last six months that resisted all other remedies. Have also used it successfully in cases of leucorrhea and ulceration of the os uteri. I am highly pleased with its effects, and certainly recommend it to the profession. The White is preferable—leaving no stain on the clothing.—*J. R. Wilcox, M. D., Colorado Springs, Colo.*

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Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products. The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, ***finds that no two of them are identical,*** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, ***in the property of retaining the strychnine in solution,*** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. ***Fellows.***"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

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Editorial.

THE POPULAR IDEA OF THE DOCTOR.

In the minds of a large class of people there seems to exist a general idea that the medical profession is "above the law" of ordinary business intercourse.

Kindly disposed writers of fiction have evolved ideal physicians whose main characteristics were charitable and unselfish thriftlessness and the unthinking public has accepted these creations as typical of what a physician should be.

The Dr. McClure of the Rev. John Watson's "Beside the Bonny Brier Bush" and the Dr. Cary of Thomas Nelson Page's "Red Rock" are the prototypes of what a great many people expect us to be. Meanwhile we of the medical profession are affably supposed to shut our eyes to the fact that both of these men died poor—the latter leaving a family in abject poverty.

We are accused of being fastidious, mercenary and unmindful of the elevating and ennobling influences of our calling, if bearing in mind the maxim that "charity begins at home," we fail to see things through the glasses of Watson, Page et al and feebly protest that our wives and our children have an uncomfortable habit of getting hungry and of needing new clothes, that the condition of the seat of our own trousers renders the wearing of a long tailed coat absolutely imperative, and that the antiquated roosters and the emaciated hens furnished us by our brag patients, undoubted

luxuries though they are, at times become distasteful to the dainty members of our family.

This idea of what a physician should be is not limited to, nor do we think it originated with the general public, nor even with the fiction writers. It is instilled into our minds before we leave the halls of our medical colleges by the professors, who doubtless believe what they say from having said it so often, but who seldom practice what they preach. These men impresss on us daily how unselfish, disinterested, and how charitable we must be in our future career, but they neglect to give us a single formula for paying our grocer, our butcher, our tailor, while this charitable work is in progress, nor do they spend a moment instructing us in the intricacies of keeping our books and collecting our bills. Thus we get out of college with the idea that we owe an apology to every patient to whom we have sent a bill.

Most of us have felt the mortal struggle between necessity and the dread of sending out these vulgar (sic) reminders of service rendered and so thoroughly are we impregnated with the idea of our own duty towards the public and so little do we realize the public's duty to us, that for years after commencing practice this monthly period of bill sending continues to be a source of doubts and misgivings to us all.

The presidents of our medical societies keep this ideal physician before our own and the public eye by delivering their annual addresses filled with glowing tributes to our untiring devotion to the welfare of humanity and strongly deprecating the idea that we are working for a pecuniary reward. These self laudatory addresses are frequently delivered before mixed audiences and these audiences are rather impressed with the idea that any recompense for our services is an unnecessary and unexpected superfluity, and if given at all it is in the nature of a gratuity. We likewise impress on our hearers the idea that it is the duty of the physician to respond to every call and that we good, gentle, kind, charitable and unselfish doctors that we are, always go cheerfully, never mind the distance or the circumstances. We love to draw pictures of this ideal doctor's going through rain storms, wind or snow storms, typhoons and tornadoes to see some poor, sick child some forty or fifty miles "in the country." These sketches of ours, pretty and interesting as they are, are nearly always overdrawn, but they pass muster before the eyes of the public as true pictures of medical men, and so thoroughly have we succeeded in disseminating this idea of our being at the public beck and call that should any of us show the temerity to refuse to be victimized we are anathematized and threatened with all manner of dreadful things by the irate refusee.

We call to mind the case of an honorable member of the legislature—with honorable written in capital letters—who had been working the charity racket in our neighborhood so long that the medical worms had all in due succession turned. This so irritated the honorable gentleman, who by the way was the poseessor of a snug fortune, that he threatened to introduce a bill in the legislature compelling physicians to respond when called whether there was any prospect of being paid for their trouble or not. As yet we have heard nothing of this bill, but we fear that this rustic statesman still has it up his sleeve ready to crush us with on the slightest provocation. Meanwhile we have been trembling in our shoes so long that we have shaken all the tacks out.

In view of this condition of affairs it is not strange that nearly every issue of our leading medical journals contains editorially or otherwise one or more articles lamenting the utter divorcement of the doctor and the dollar. Now

since we have, it seems, originated this order of things, the remedy appears to be with ourselves. Let us quit propagating the doctrine that we are above the mean, sordid principles of business and spend less time administering to ourselves pleasing anodynes in the shape of fulsome self flattery of our own charity and unselfishness. Let us frankly acknowledge that most of us are practicing medicine primarily to make a living, and let us try and impress on our medical and lay brethren alike that the medical, like the legal and other professions, has its business as well as its humanitarian aspect.

Until we do away with some of the sickly sentimentality and substitute a little more good common sense and sound business principles in the relations between patient and physician we fear we will continue to hear complaints from both the public and the medical profession appearing in our own journals as well as in the lay press.

THE ANATOMY OF HANGING.

Under the above title Dr. E. W. Holmes, of Philadelphia, read a paper before the Philadelphia County Medical Society, in which he gives the results of quite a number of experiences upon the cadaver and frequent post-mortem examinations of the "victims of judicial suspensions" and of suicide. He found that fracture or dislocation of the vertebræ was of comparative rare occurrence in the great majority of cases, death being brought about by apnoea. In judicial hangings, which may be taken as the standard, the body is allowed to fall a distance of from 5 to 14 feet, yet even there fracture of the cervical vertebræ is very uncommon. In only one instance did Dr. Holmes succeed in producing a fracture in his experimental work upon the cadaver. The causes of death in cases of hanging are classified as follows:

(1.) *Asphyxia:* access of air prevented by compression of the pharynx, larynx or trachea. (2.) *Cerebral congestion and coma:* from compression of the great veins of the neck. (3.) *Cerebral anæmia and syncope:* from the arteries being ruptured between the rope and the transverse process of the vertebræ. (4.) *Neuro-paralysis:* from injury to the spinal cord and pneumogastrics, or from compression upon the pneumogastrics; to which I would add laceration of the medulla oblongata. (5.) I would also add as a fifth cause, and one not recognized by any author, *shock and cerebral concussion:* unconsciousness being immediate because the patient in judicial hangings is stunned by the fall and remains unconscious until dissolution. There are two cases recorded in which the head was wrenched completely off the body; the one in Dublin, having a fall of fourteen feet."

From the evidence of those who have been resuscitated the writer concludes that death by hanging is painless, particularly where the body is allowed a fall of a few feet as in legal executions. As an instance of what may be found upon post mortem examination, the results of such an examination in the celebrated case of Guiteau are shown to have been:

"Some 'aborescent congestion' of the vessels of the dura mater in the fossæ at the base of the skull. *Pia mater:* anæmic anteriorly, slight hypostasis posteriorly. *Brain:* white substance of brain anæmic. *Eyes:* pupils slightly cloudy and dilated; vitreous cloudy; fundus indistinguishable; slight transverse fracture of both lenses. *Neck:* yellowish furrow in the line of the rope; both sterno-mastoid muscles torn in two about half way between their points of origin and insertion. Thyro-hyoid ligaments are also ruptured, and the hyoid bone and thyroid cartilages widely separated.

Large bloodvessels of neck not injured. No fracture or dislocation of vertebræ. *Chest:* there was an extravasation of blood into the right pectoralis major muscle near the second rib. The right ventricle of the heart contained a little blood just forming a clot, but a considerable quantity of dark blood ran out in the separation of the heart and lungs. *Abdomen:* stomach contained food; small and large intestines not examined; liver congested; spleen enlarged; kidneys congested: pancreas normal. *Genito-urinary tract:* bladder contained a quantity of urine. An erection of the penus occurred during the suspension of the body, and the clothing was afterwards found to be moist. No microscopic examination of the discharge noted."

Incidentally Dr. Holmes calls attention to numerous interesting features connected with this method of abreviating life. Hanging is the favorite plan of the suicide for escaping the ills of life and for this purpose it has been used by a boy of nine and a man of ninety-seven. An insane man in France hung himself in V-shaped fork of a tree. Others have succeeded in hanging themselves in a kneeling, sitting and lying position, while a man aged 21 and a woman of 17 hung each other with the same rope, which was thrown over an open door, one hanging on each side, the two bodies acting as counterweights. Occasionally the would-be suicide suffers from the undue haste of his friends, as related in the case of a man who was found suspended from a window, and who being hurriedly cut down fell into a cellar and sustained a fracture of the skull from which he died.

Those fortunate, but rare individuals who have been resuscitated after suspension by the neck, say that almost immediately there comes a hissing sound in the ears, floating lights before the eyes, then darkness and oblivion. So quickly does this take place that the victim is said to be unable to do anything to effect his own release.

Judging from the evidence available we are inclined to hold with the writer that hanging is probably as humane a method of carrying out the death sentence as can well be conceived, albeit a fearful thing to witness.

The Effect of Strong Heat in Pruritus.—Edmund Andrews recommends applications as hot as can be borne for the relief of obstinate itching, especially pruritus of the anus and adjoining regions—perineum and scrotum or vulva. Hot water has been used in anal pruritus, but with imperfect success because of the difficulty of applying strong heat thoroughly to the deep sulcus in which the anus lies. The water must be as hot as can be borne without blistering. A large dish of it must be at hand, and two or three compresses placed in it. The patient taking a crouching position picks up one compress and instantly presses it against the anus. In a moment or two it will be partially cooled. He then drops it into the dish and immediately uses another, thus keeping up a constant and very strong heat until the itching ceases. One such treatment, the author says, will often make the patient perfectly comfortable for twelve or twenty-four hours.—*Medical Record*, May, 1900.

A General Order has been issued by the War Department governing the employment of special nurses for sick officers and soldiers at stations where treatment in an army hospital cannot be obtained. In such cases it is stipulated that the attending physician shall certify that the services of the nurse were indispensible. The rate of compensation is the same as that allowed army nurses serving in the United States, namely $10 per week.

The North Carolina Medical Society.

The 47th annual meeting of this Society was convened in the Opera Houe in Tarboro on May 22nd, 1900, and was called to order by Dr. Julian M. Baker, of Tarboro, chairman of the local committee of arrangements. The exercises were opened by prayer by Rev. J. B. Martin, of the Presbyterian church in Tarboro, after which Mr. Donnell Gilliam, of Tarboro, welcomed the Society in an appropriate address, to which Dr. Charles J. O'Hagan responded in his usual happy, scholarly style. After the appointment of various committees, Dr. J. H. Marsh, of Fayetteville, read a paper on "Chronic Cystitis," [published in this Journal], which was discussed by Drs. Rodman, O'Hagan, Fletcher, Holmes, Galloway, Dodson, Sanderford, Whitaker, Bass, Battle, Walton and Everett.

The Society now did a very commendable act, at the suggestion of the inimitable O'Hagan, in sending a telegram of sympathy to Dr. William McDonald, of ————, who has been very ill for some weeks.

On motion of Dr. R. H. Lewis, the Society voted that Dr. Henry T. Bahnson, of Salem, be put on the honorary roll of the Society. On suggestion of Dr. G. T. Sykes the motion was made to include all those having been members for 30 years and were entitled to honorary membership.

TUESDAY P. M.

Dr. B. Ray Browning, of Littleton, chairman of the section on gynecology, read a paper on "Endometritis—Its Pathology and Symptoms, With Special Reference to Treatment." [published elsewhere in this Journal], and was followed by Dr. A. S. Pendleton, of Warrenton, chairman of the section on anatomy and surgery, who read a paper on "The Ambulatory Treatment of Fractures." [published in this Journal] Discussed by Drs. Picot, O'Hagan, Laughinghouse and Bass.

Dr. M. P. Perry, of Macon, now read a paper on "An Unusual Case of Appendicitis," and was followed by Dr. H. T. Bass, of Tarboro, who read a paper on "Hemorrhoids."

Dr. James H. Branham, of Baltimore, read a paper on "Pylorectomy for Obstruction Due to Aedeno-Corcinoma," with exhibition of the patient.

TUESDAY EVENING, 8:30.

The Edgecombe Club, of Tarboro, extended its hospitality to the members of the Society.

Dr. Battle read report of the Obiturary Committee, and was followed by Dr. J. C. Walton, who read Report on Infant Feeding.

WEDNESDAY, 10 A. M.

The secretary read a paper by Dr. J. W. W. Cobb.

Dr. G. T. Sykes nominated Dr. T. S. McMullan, and Dr. J. T. J. Battle placed in nomination Dr. J. C. Walton to fill the vacancies occurring in the Examining Board. On motion of Dr. Harris the rules were suspended and the two candidates were unanimously elected.

Dr. J. T. J. Battle, of Greensboro, presented a paper on "Hypertrophy of the Pharyngeal Tonsil, and its Treatment." Discussed by Drs. Walton, Galloway and Battle.

Dr. T. A. Julian, of Thomasville, read a paper on "Automatism." Discussed by Dr. M. H. Fletcher.

Dr. D. S. Morrill, of Farmville, read a paper on "Should Physicians Supply the Medicines they Prescribe?" [published in this Journal]. Discussed by Dr. O'Hagan. Dr. J. B. Smith, of Pilot Mountain, now presented a paper on "The Surgical Treatment of Gall Stones."

Dr. A. G. Carr, of Durham, followed with a very instructive paper on "Emergencies in Obstetrics" [published in this issue]. Discussed by Drs. Stamps, Weaver, Marsh, Morehead, O'Hagan, Stanton, Sommerall, McMullan and Julian.

At 12 o'clock noon, May 23rd, the conjoined meeting of the Society and the State Board of Health was called to order by Dr. O'Hagan, who addressed the meeting. The Secretary read his report, which was ordered published in pamphlet form and distributed to the physicians of the State.

Dr. J. T. J. Battle read a paper embodying a resolution concerning the better care of the State insane. The resolution was unanimously adopted and a copy ordered sent to the chairmen of county commissioners of each county.

Dr. R. H. Lewis offered the following resolutions, which were unanimously adopted:

WHEREAS, Recent official reports from the State Board of Charities show that there are in North Carolina, uncared for in asylums or other proper institutions, insane, epileptics and idiots to the number of 766, and that there are probably as many more in the State who have not been reported, and

WHEREAS, it is a notorious fact that many of these people are confined in jails and county homes without proper care and attention, and undergo hardships and in many cases maltreatment—which of itself precludes the hope of improvement or recovery from their mental or physical condition, therefore be it

Resolved, 1st. That the paramount consideration is that these patients have proper treatment at the hands of the State of North Carolina, whereby the reproach now resting on us may be removed.

2nd. That it being notorious that the State institutions are already overcrowded, we urge the pressing necessity of such early increase of hospital facilities as will insure these proper care and treatment, and to this end we commend the plan referred to by Dr. P. L. Murphy, in his paper read before the students of the A. & M. College at Raleigh, March 16, 1900—said plan being known as "The Cottage System."

A resolution in favor of establishing the Appalachian Park was introduced and adopted, and copies ordered sent to our senators and representatives.

AFTERNOON SESSION—SECOND DAY.

The Committee on Nominations made the following report, which was adopted: Orator, Dr. Earl Grady, Tryon; Essayist, Dr. R. S. Primrose, Newbern; Leader of Debate, Dr. D. A. Stanton, High Point.

COMMITTEE ON PUBLICATION: Dr. John Montgomery, Charlotte; Dr. R. L. Gibbon, Charlotte; Dr. G. W. Pressly, Charlotte.

COMMITTEE ON LEGISLATION: Dr. R. H. Lewis, Raleigh; Dr. A. W. Knox, Raleigh; Dr. A. G. Carr, Durham; Dr. W. P. Whittington, Asheville; Dr. W. P. Beall, Greensboro.

OBITUARY COMMITTEE: Dr. Joel Hill, Lexington; Dr. W. T. Cheatham, Henderson; Dr. J. C. Rodman, Washington.

DELEGATES TO AMERICAN MEDICAL ASSOCIATION: Dr. Chas. J. O'Hagan, Greenville; Dr. H. B. Weaver, Asheville; Dr. Julian M Baker, Tarboro; Dr. Chas. L. Pearson, Asheville; Dr. J. P. Monroe, Davidson; Dr. Chas. S. Mangum, Chapel Hill; Dr. W. H. H. Cobb, Goldsboro,

DELEGATES TO THE SOUTH CAROLINA MEDICAL SOCIETY: Dr. C. M. Pool, Craven; Dr. J. L. Edgerton, Hendersonville; Dr. David Bullock, Wilmington; Dr. A. H. Harris, Wilmington.

DELEGATES TO AMERICAN HEALTH ASSOCIATION: Dr. H. H. Harriss, Wake Forest; Dr. S. W. Battle, Asheville; Dr. P. L. Murphy, Morganton; Dr. G. G. Thomas, Wilmington.

DELEGATES TO VIRGINIA MEDICAL SOCIETY: Dr. Hy H. Dodson, Milton; Dr. J. W Long, Salisbury; Dr. R. H. Stancil, Margaretsville; Dr. R. H. Whitehead, Chapel Hill; Dr. B. K. Hays, Oxford.

The following officers were elected unanimously: President, Dr. Julian M. Baker, Tarboro; 1st Vice-President, Dr. M. H. Harris; 2nd Vice-President, Dr. C. A. Julian, Thomasville; 3rd Vice-President, Dr. D. A. Stanton, High Point; 4th Vice-President, Dr. E. M. Summerell, Mill Bridge.

Dr. Geo. W. Pressley, of Charlotte, was re-elected Secretary. Dr. Geo. T. Sykes, of Grissom, was re-elected Treasurer. Durham was selected as the next place of meeting, which will be held in the month of May.

Dr. J. T. Beall, of Linwood, was made an honorary member. Dr. E. T. Dickinson, of Smithfield, now presented a paper on "Abortion and Miscarriage" [published in this Journal].

Dr. W. L. Dunn, of Asheville, pointed out the injustice to the other medical journals of the State that one should be adopted as the official organ of the Medical Society, and moved that the Society recognize no journal as its official organ. This motion was seconded by Dr. McMullan. After discussion by Drs. Long, Register, Carr, Marsh and Lewis, on motion of Dr. R. H. Lewis, the matter was postponed until 10 o'clock on Wednesday of the next annual meeting.

At the evening session Dr. R. H. Whitehead read the annual essay, subject,————————————, and Dr. T. S. McMullan, the orator of the evening, delivered the annual oration, subject, "Watchman Tell Us of the Night." After installation of officers, the meeting adjourned.

Mr. W. B. Saunders wishes to announce the final accomplishment of a step that he has long had in mind. Feeling that the growth of the business to its present large proportions has been due, not alone to his own exertions, but quite as much to the efficient co-operation of a number of his employees, he has decided to give recognition to such service by associating with himself in business, under the firm name of W. B. Saunders & Company, Mr. F. L. Hopkins, manager of the Subscription Department, and Mr. T. F. Dagney, manager of the Publication Department. These gentlemen have been connected with the establishment almost from its inception, and to their capable management of their respective departments, Mr. Saunders attributes much of the success that has attended his efforts.

The Subscription and Publication Departments will be conducted as heretofore. The Trade Book Department will be under the management of Mr. W. B. Watson, whose connection with the house has extended over the past eight years, and who has demonstrated his ability to manage that department with efficiency and success.

Medical News and Items.

Dr. J. B. Hughes, of Newbern, N. C., died Wednesday, May 30th.

The *Stylus* is a new medical publication emanating from St. Louis.

Dr. A. A. Kent, of Lenoir and Dr. E. C. Register, of Charlotte, expect to visit Europe this summer.

Dr. S. P. Latane has been appointed superintendent of University Hospital. Dr. St. Clair Spruill has resigned to engage in private practice.

The Presbyterian Hospital, New York, will receive $20,000 and the New York Eye and Ear Infirmary $5,000, under the will of Robert Schell.

The New York Polyclinic. It is announced that Dr. Francis J. Quinlan and Dr. Robert C. Myles have been elected professors of laryngology and rhinology.

A Consolidation of Medical Journals. The *Memphis Lancet* and the *Memphis Medical Monthly* have become consolidated under the title of the last-mentioned journal.

Dr. Isaac E. Atkinson has resigned the chair of therapeutics in the University of Mayland, having found that his private work demanded all of his time. No successor has yet been chosen. Dr. Atkinson has been connected with the university as a teacher for more than twenty years.—*Maryland Medical Journal.*

The health department of Syracuse recently passed an order requiring dairymen to show certificates of tuberculin tests of all their cattle as a necessary condition of license to sell milk in the city. The dairymen rebelled, and made a compact not to deliver any milk in the city until the order is rescinded.

Havana Temporarily Free From Yellow Fever.—A report to the surgeon-general of the army from Major W. C. Gorgas, chief sanitary officer of Havana, states that there were no deaths from yellow fever in that city during April. This was the first month without a death from the disease since May, 1899, and the only one during the last ten years, with two exceptions, February and May, 1899. The total number of deaths during the month was four hundred and eighty-two.—*Medical Record.*

A Good Suggestion was made by Dr. W. T. Pate, of Gibson, N. C., in a paper on Drinking Water, which he read at the last Health Conference in North Carolina. (The Health Conference is a meeting of the State Board of Health, to which the laity are invited). The doctor called attention to the frequent contamination of drinking water in wells, from which the water is drawn in buckets, by the handling of the wet bucket and attached chain by those nursing typhoid cases. He also points out the danger attending the drawing of water from the well by the washerwomen while engaged in laundering the linen used by a typhoid patient. "Every one that draws a bucket of water handles the wet bucket and chain and sends it down to be washed off by the water in the well, which amounts about to the same thing as washing the hands in the drinking water."

The Carolina Medical Journal.

ROBERT L. GIBBON, M. D. ROBERT D. JEWETT, M. D. W. H. WAKEFIELD, M. D.
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J. P. MONROE, M. D., Davidson, N. C.
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The Editors are not responsible for the views of Contributors.

Contributions for the Original Department of The Carolina Medical Journal are received with the understanding that they are contributed exclusively to this Journal.

Illustrations necessary to elucidate the text will be provided without expense to authors when suitable ink drawings or photographs are furnished.

Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

Original Communications.

Emergencies in Obstetrics.*

By A. G. CARR, M. D., Durham, N. C

HAVING been requested by the chairman of Obstetrics and Gynecology to read a paper on "Obstetrical Emergencies" I offer the following: You will notice, in the first place, that any paper on Obstetrical Emergencies, must, of necessity, be a *pregnant* one, and, secondly, must be suggestive of instantaneous action on the part of the accoucheur. We must be prompt in the application of our remedies for time is precious. Here we have no case of chronic sore leg with protracted skin ulceration which has been treated by many of our brethren as well as by ourselves and still it refuses to heal. It is no case of carcinoma of the mamæ which we have watched for weeks and months in order to be certain of our diagnosis before proposing an operation. There is no chronicity about it, and of all things it is most acute. We have no time to call a consultation of our confreres and hear argument pro and con, and then set a day for operation. Our patient may be doing very well indeed, when, suddenly, there is a thunder-clap in a clear sky. Something alarming has happened; an unexpected event has occurred and a pressing necessity springs upon us. No time for consultation; no time to look up the event in our text books. Disease, weakness, exhaustion and death are now doing fierce battle for the life of our patient. Friends stand around us weeping and wringing their hands and appeal to us in heart-wringing words. While we may be astonished at the sudden change for the worse, woe is the physician that becomes bewildered and loses his head. It may be a case of abortion, or labor at term, and we must grasp the oppor-

*Presented to the North Carolina Medical Society at Tarboro Meeting, May, 1900.

tunity and act immediately. It may be puerperal convulsions with all its horrors; in either case prompt action is our only remedy. I propose to draw mostly from my own practice in these cases and very little indeed from my text-books. Whether in abortion, or labor at term, hemorrhage and convulsions are our greatest foes. The loss of blood is a loss of vital fluid. Shock is another thing to be avoided. A protracted abortion is a tedious and dangerous thing to contend with. Here the loss of blood is generally gradual and septic poisoning easily intervenes. Many of us are what may be called *conservatives*, and probably have blamed ourselves for not acting more promptly in some cases that slipped through our fingers. We allow too much blood to be lost before we see the uterus thoroughly emptied, and our patients die with exhaustion, or have a very tedious convalescence. Troublesome midwifery may be an old adage but don't trust it too far.

A lady friend of mine was three months pregnant. She visited a distant city with her husband, and after seeing the sights, returned home, with a slight uterine hemorrhage. She sent for me, and I placed her in bed with the remark that she would certainly speedily improve if she kept her bed 3 or 4 days. After enjoining secrecy on me, and promising compliance on her part, I prescribed and left her. The next day a lady friend called and was surprised to find her in bed; she rallied her for being lazy and was told that her physician had ordered her to bed. The lady friend, not knowing the real cause for my orders, told my patient not to heed what the doctors said, but to get up and go with her to church. Reluctantly she consented. She returned from church, took her dinner and was suddenly seized with an alarming hemorrhage. I was walking along the street and was called in haste, my instruments and medicines being at home in my buggy. An alarming scene presented itself. The middle of the room where the patient sat was literally deluged with blood and she lay on the bed gasping for breath, while the pallor of death played over her countenance. She was pulseless and unconscious With no disinfection of hands I made a vaginal examination and found the os dilated and foetus just to be reached with the finger. I seized a handkerchief that I saw in a drawer and endeavored to plug the os and then to stop the blood that was gushing like a mill-sluice from the gaping os. I tell no untruth when I say that the handkerchief was literally flooded away in the outpouring blood. I grasped the anterior and posterior lips with my fingers and held them firmly together and made abdominal pressure over uterus. I sent the husband for another physician and the cook was sent to the nearest drug store. I hastily explained the situation to the doctor on his arrival and called for the placental forceps that I had especsent to him for. Would you believe it, he handed me a small pair of mouse-toothed forceps which I laid aside in disgust and forcing my hand into the uterus with much difficulty finally succeeded in extracting the fœtus and afterbirth, contracting the uterus and thus stopped the hemorrhage. Need I say that her life was despaired of, but she finally recovered after a tedious convalescence. Here nature would have allowed the patient to have flooded to death, and only a prompt pressure on the os and a rapid emptying the uterus, saved the woman's life. You might ask me the question why I delayed emptying the uterus and sent for another physician, and I answer that knowing she had lost so much blood I was really afraid to relax my pressure on the uterine lips and insert my hand, for fear she would flood to death. Ergot was given and ammonia inhaled to bring about consciousness. There is no medicine, there is no instrument to equal the physician's fingers and even the whole hand in such emergencies.

I saw one lady die from shock of childbirth. She was raised in Florida, married and lived latterly in North Carolina, and was a subject of chronic malaria. She had intermittent paroxysms in her earlier pregnancy. She was delivered by my partner without much trouble, but she reacted poorly. An intelligent lady nurse inspected the parts for hemorrhage and showed us the white napkins for the reception of the lochial discharges. She lost comparatively little blood either before, during or after childbirth. I was called on account of the collapse and found feeble pulse, sighing respiration and great prostration. Ergot and all known external and internal stimuli were used and nothing availed, as she weakened and died about two hours after delivery. Again the bed, napkins and clothing were inspected and she died with a contracted uterus.

I will narrate another case of nervous shock which resulted in death. I once delivered a multipara who had been treated for some uterine disease by another physician. My first call was to attend her in labor. The labor progressed finely and she was soon delivered of a bouncing baby, but regret to say the child was totally blind. I sent the child from the room to the kitchen, some thirty feet away. The mother did not know the child was blind and I preferred to inform her later. About an hour after this, as I was sitting by the bedside, I was hastily summoned to see a child in convulsions about a mile away. I refused to leave my patient as I had a presentiment of danger should I leave the house. The mother heard the pleadings of the child's father and called me into the room and begged me to attend the little patient, assuring me she never felt better in her life. To gratify both parties I yielded, but went by the kitchen and told the nurse, under no circumstances, to carry the child in the house, or to tell the mother of the blindness of the child. I had just finished prescribing for the convulsions of the child, when I heard the clattering of horse hoofs along the road and the husband appeared calling loudly on me to hurry back to his wife. I was there as soon as horse flesh could carry me, and a horrid sight presented itself to my view. There lay my lately delivered patient in the throes of terrible convulsions, helpless, struggling and unconscious. I hastily inspected both her and the bed for hemorrhage and found none. I found the womb well contracted and only drew about half pint of normal urine. Chloroform was my only remedy and I used it sparingly. Hypodermic medication was then unknown, and she vomited anything put in her stomach. Consultation was called for and obtained but the patient died three days later without regaining consciousness. I could not account for the death until three months later I learned that the nurse entered the room after my departure and the mother asked to see her baby—the nurse remarked that the doctor said she must not see it until his return, but that the doctors did not know everything, and that she would show her the baby if she would not tell the doctor. The bargain was made and the nurse remarked that you must not get excited, honey, *as the child was as blind as a bat* but the good Lord knew what he was doing or He would not have sent the child that way. The mother now demanded the child, which was brought into the chamber, the mother rising in bed to see it. She looked at it steadily for a moment and then with a scream and a kick and a lunge she fell back into violent convulsions from which she never recovered. Her death was due to nervous shock at the sight of the blind child. How else do you account for it?

Another case from private practice. A young girl became dropsical. Various home remedies were given with no effect and the doctor (your hum-

ble servant) was sent for. After much questioning I suspicioned pregnancy and requested an examination. To this the patient objected and the parents sided with the patient. Later I consulted with the mother and she hooted at any insinuation of pregnancy. I advised the mother to keep quiet, but did manage to feel the girl's abdomen through the counterpane and gown. In some way the young girl heard of my suspicions and I was called a liar and a quack. I anxiously awaited and was not astonished to be called about five months later. External examination only was allowed but when I applied my ear, lo! the fœtal heart was heard! I gently broke the news to patient and mother, and was about to be driven from the house, when she screamed with labor pains and I made a hasty vaginal examination, and felt the sutures of the skull, and in less than an hour there was a lusty male child born, the patient protesting even after delivery; then the patient's mother broke loose in her fury, berating her daughter and shaking her fist in her face, and calling her all sorts of foul names. For a few moments it did seem as if something had broken loose in Georgia sure enough, the patient crying and moaning, the mother berating, and myself calling a halt and endeavoring to act as peacemaker, nothing availed until the young girl gave a scream and went into a terrible puerperal convulsion. Everything now changed, the patient's mother implored and beseeched her young daughter to forgive her as she never would scold her more, the daughter struggling and writhing with horrible grimaces, her tongue protruding, swollen and bleeding and I with chloroform and hypo-syringe endeavored to allay the nervous storm. I succeeded, and she slept for several hours, and awoke to find the kindest and most doting mother you ever saw in your life. She recovered speedily without further medication. What caused this convulsion! Again I say it was due to nervous shock. Be ready for hemorrhage in pregnant cases with ergot, ammonia, strychnia, nitroglycerine and be certain that your uterus is well emptied by using your fingers and hands even to get the information. Be ready for puerperal convulsions with chloroform, chloral and morphia. Your hypo-syringe is your best instrument here.

Be ready for septic poisoning with your uterine douche and disinfectants, your curette, your purgatives and stimulants, but keep the uterus sterile by all means. Don't be afraid to go into the uterus. Dilate it if necessary, for here is generally the focus of infection. I am one of those who believe that all cases of puerperal infection is due to a lesion somewhere in the utero-vaginal canal. To the question as to whether I generally use vaginal douches in normal labors I answer that I do not, but I do believe that it would be better to prop our patients up in bed sooner than we do in order to drain the secretions from the posterior vaginal fornix. I believe that foul excretions often pocket there, and thus give rise to septic absorption.

As regards venesection or phlebotomy I will say that I have bled some of my patients, and that freely, but my confidence in this measure is very limited. I never depend on it alone. Chloroform, chloral and hypodermics of morphia are my mainstays and generally give me satisfactory results.

One more case from private practice. A young lady friend of mine whom I had treated about 10 or 12 years before for typhoid fever, and who recovered after an alarmingly desperate case, married and approached her confinement. She had headaches, vertigo, œdema of lower extremities and albumen in her urine. Her symptoms increased as she approached her confinement in spite of treatment. I was examining her urine one evening, just after supper, in my office, when several doctors entered my office and

remarked that the medical society would meet there that evening. I showed several of them the specimen of urine, and remarked later during the session of the society that I expected trouble at the lady's confinement. A short time after I was called to her and finding her in labor removed her to the hospital in a closed carriage. As she waited for special preparation for her room, she suddenly went into a violent puerperal convulsion. I called another physician who happened to be in the hospital and rapidly passed out and sterilized my forceps. While doing so the doctor sent me word that my patient was in a second convulsion. I rushed in and found the os about half dilated and succeeded in passing the forceps and delivering the child while my patient was in a state of unconsciousness, no chloroform being required. For several days she was excited and nervous but moderate doses of chloral controlled this and she went on to a rapid convalescence, her puerperal "Bright's" rapidly disappearing. She is now again pregnant, but am glad to say that I examined her urine a week or two ago and found no trace of albumen.

Gentlemen, of course, it is not expected that I should attempt to give examples in all cases of obstetric emergencies. This would require a *book*, not a *paper*. I would have to speak of

Induction of Premature Labor,
Forceps,
Extraction in Foot and Breech Presentation,
Version,
Craniotony and Embryotony,
Cæsarian Section,
Contracted Pelvis,
Abnormal Sexual Organs,
Abnormalities of Fœtus,
Placenta Prævia and Eclampsia,
Prolapse of Funis,
Puerperal Fever in its Multitudinous Forms,
Puerperal Insanity,
Phlegmasia Dolens,
Diseases of the Mamæ, &c., &c.

Being aware of this fact I will submit this paper from cases occurring in my own practice. May my clinical experience be of benefit to you.

April 1900.

[Discussed by Drs. Stamps, Weaver, Marsh, Morehead, O'Hagan, Stanton, Somerall, McMullan, and Julian.]

A writer tells how a little child once preached a wonderful sermon to him.

"Is your father at home?" I asked a small child, on our village doctor's doorstep.

"No," he said, "he's away."

"Where do you think I could find him?"

"Well," he replied, with a considering air, "you've got to look for him some place where people are sick, or hurt, or something like that. I don't know where he is, but he's helping somewhere."—*National Recorder.*

Chronic Cystitis.*

By J. H. MARSH, M. D., Fayetteville, N. C.

COMPLETE and exhaustive discourses on the cause, symptoms, pathology and treatment of chronic inflammation of the urinary bladder are found in the standard works of surgery, and it is not the object of this writer to go into a lengthy discussion of established scientific facts; but if by refreshing the minds of the profession with some of the more important causes and pathological conditions met with in this disease and the practical use of therapeutic agents at our command for curing or alleviating this class of suffering humanity, a free and full discussion of this important subject is elicited from this society, the object of this paper will have been accomplished.

Chronic cystitis or cystorrhoea is an inordinate secretion of white, glairy mucous, essentially dependent upon chronic inflammation of the lining membrane of the organ. It is analagous in its character to gleet, leucorrhoea and kindred affections, and is merely a sympton of a more serious disease. It is most common in elderly subjects and is nearly always due to some obstacle to the evacuation of the urine, as stricture of the urethra, vesical calculus, enlarged prostate gland, paralysis of the bladder, sepsis, etc. It is a constant attendant upon sacculation, ulceration, hypertrothy and morbid growth of the organ. Once established it is easily aggravated, or reinduced by exposure to cold, excesses in diet, irritating injections, diuretics, over distension of the bladder, neuralgia, retrocession of gout, repulsion of cutaneous eruptions, local injury, and diseases of the adjoining parts; as the anus, rectum, vagina and uterus.

The disease generally comes on in a slow, gradual and insidous manner, the inflammation which accompanies it, and which is always the immediate cause of the peculiar discharge, is always of a chronic character. The characteristic symptoms are an inordinate secretion of mucous, an altered condition of urine, frequent and difficult micturition, pain in the region of the affected organ as well as in the adjoining parts, and more or less constitutional derangement. The quantity of mucous mixed with the urine varies considerably in different cases and in different conditions. In mild cases and in the incipiency it is usually very small. At a more advanced period it is sometimes enormous, constituting as much as four-fifths of the entire volumn. The secretion is usually very thick, ropy and viscid, and after standing some time it adheres to the bottom of the receiver. During the progress of the disease the urine becomes highly acrid, so that the bladder can hardly tolerate its presence, even for a few minutes. It generally emits an ammonical odor; is of a dirty, turbid or blackish color; rapidly decomposes and is nearly always mixed with epithelial, fibrinous, purulent and phosphatic matter. Renal casts are nearly always present, when it is accompanied with serious involvement of the kidneys. Pus may proceed from various sources as the bladder, ureters, prostate gland, or even the kidneys, which are often sadly involved in the mischief. Its presence is always regarded with great attention, as it indicates serious disease of the organs

*Presented to the North Carolina Medical Society at Tarboro Meeting, May, 1900.

from which it proceeds. The discharge which accompanies this disorder may be mistaken for semen, or it may be mixed with semen, when this flows back into the bladder and mixes with the urine, as in stricture or enlargement of the prostate gland. If any doubt exists this can readily be solved by the microscope.

The prognosis varies with many circumstances, as the cause, duration of the disease, and the age and constitution of the patient, etc. In its incipient stage it is sometimes not difficult to cure; but when it has disordered the whole system, the prognosis is much more unfavorable. Sometimes the walls of the bladder are ulcerated and thickened to five or ten times their natural thickness and the kidneys, ureters, and prostate gland are implicated to a fatal extent.

In the treatment of this affection it is of the greatest importance to ascertain the nature of the exciting cause. Stricture of the urethra must be removed, stone in the bladder extracted, hypertrothy of the prostate gland, and diseases of the neighboring or associated organs mitigated, before any reasonable hope can be indulged of a permanent cure.

The patient should be put to bed and kept perfectly quiet and a general antiphlogistic course of treatment instituted, even if there be no marked constitutional disturbance. The bowels should be opened with saline cathartics or enemas, and if the secretions are disordered, with calomel and jalap. All medicines tending to irritate the rectum, such as alos, etc, should be avoided. The most perfect quietude, both of body and mind, should be enjoined. The diet should be light and bland consisting largely of milk. The emulcent drinks should be freely given. General or local bleeding is highly recommended in plethoric subjects. Warm baths and hot fomentations are very useful. When by these means the violence of the disease has been subdued then comes the long list of internal remedies, such as balsam copaiba, buchu, uva-ursi and the terebinthinate preparations. In acid conditions of the urine an alkaline treatment is always indicated: while in alkaline states of the urine acids are to be given. Opiates, hyoscyamus, etc., are indicated for the relief of pain. In gouty and rheumatic subjects, colchicum and the iodides are extoled, and iron for anaemia. Benzoic acid has been recommended as sometimes affording relief when everything else fails. Salol has been used a great deal within the last ten years as an antiseptic and with good results in many cases. These agents with many others, have been used by the profession with more or less success and all have their advantages in certain cases. I do not wish to detract from the virtues of any of the time honored remedies which have held their places for so long a time as standard therapeutic agencies for this dread disease; but I ask a discriminate use of them when they only relieve, and not the blind and mechanical use of any class of remedies in all cases of this disease as is the custom at present with so many members of the profession.

I wish further to call your attention to the local treatment of this affection and to emphasize its importance; and to insist on its more general use by the profession at large as the most rational and I believe scientific treatment for chronic cystitis, and the only treatment that will give satisfactory results in the great majority of cases. Irrigation of the bladder should always be done under the most absolute antiseptic precaution, and no air allowed to enter the organ. And at the same time attention should be paid to the general health as above indicated.

The frequent irrigation of the bladder, which can always be accomplished, if carefully used, with a soft rubber catheter and an ordinary syringe

with boiled water or antiseptic solution composed of nitrate of silver ½ to 2 per cent. or stronger; permanganate of potassium ½ to 4 per cent.; boric acid 2 to 10 per cent.: creoline from 1 to 5 per cent.; corrosive sublimate 1 to 20,000 to 1 to 5,000; carbolic acid 1 to 500 to 1 to 250, and many others belonging to the same class of antiseptics. The effects of silver injections are sometimes marvelous, though somewhat painful if used in strong solution, while carbolic acid makes a very soothing and pleasant wash in a number of cases where other remedies produce irritation. In cases which fail to yield to these methods of treatment and in which urination and painful tenesmus are prominent symptons and are accompanied by a gradual failure of the general health, a perineal cystotomy followed by permanent drainage, will often be required and give marked relief and occasionally result in an entire cure. The importance of a systemic course of treatment in every case should be carefully observed; and if given a thorough trial, it will take its place as the first and most important means of relieving this class of suffering humanity.

To illustrate. I will report one of the worst of a number of cases that have come under my care within the last few years.

Mr. F., age 59, when a boy received a traumatic stricture from a fall a straddle the sleeper of a house, from the effects of which he suffered several years. After this time he got along very well until fourteen years ago, when the cystitis set up again and with the best of medical treatment, he grew worse until the fall of 1887, when an external urethrotomy was performed by Prof. S. W. Gross, he being unable to pass a filiform bougie at the time he operated. Patient got along very nicely for several years by passing a No. 16 or 17 bougie once a week, but suffered more or less from spasm in urinating, most of the time. He began at this time to suffer again with the inflammation for which a thorough course of internal treatment was given, consisting of balsam copaiba, buchu, etc., which was kept up until two years ago, when he came under my care. At this time the discharge was almost entirely composed of mucous, etc., and he could not retain his urine more than five to ten minutes at a time, and had no control of his bowels at all, unless under the influence of an opiate. At this time he presented all the local symptons of a very bad, chronic cystitis, without fever or other marked constitutional symptons.

In addition to constitutional treatment I began to irrigate the bladder with silver solution, grains 1 to 2 to the ounce twice a week, and in the meantime used warmed boric acid irrigations night and morning regularly. Under this treatment he began steadily to improve, and within several weeks was able to attend to his business. With an occasional irrigation, he kept up very well until last fall. At this time he had a return of all his local symptons with marked constitutional disturbances in addition. He presented every appearance of suffering from septic poisoning. His condition in every respect was much more serious than it ever had been before, and he had given up all hopes of getting up again. At this time I brought him to hospital and began a systematic course of local treatment in addition to his constitutional treatment. His bladder was so irritable that the silver solution could not be tolerated in any strength, and the carbolic acid solution 1 to 500 was used regularly night and morning. His urine was drawn every three or four hours. At the end of two weeks under this treatment his fever, which had ranged from 103 to 104 prior to this time, was reduced to normal and remained so throughout his illness, with one or two exceptions when he had only a slight return for a day or two.

At this time the capacity of his bladder had increased from one ounce to several and his urine had to be drawn only two or three times in twenty-four hours, and his general health was improving satisfactorily. He remained with us several weeks, during which time local irrigation of the bladder was regularly kept up night and morning with carbolic solution from 1 to 500 to 1 to 250. His general health improved very rapidly and he returned home about first of last December; since that time with an occasional irrigation kept up by himself he has been attending to his business and writes me that while not well his general condition is better than it has been for several years.

While this man is not well, and never will be, I venture the assertion that he would not be alive to-day but for the local irrigation in the treatment of his chronic cystitis.

[Discussed by Drs. Rodman, O'Hagan, Fletcher, Holmes, Galloway, Dodson, Sanderford, Whitaker, Bass, Battle, Walton and Everett.

The Ambulatory Treatment of Fractures Involving the Bones of the Leg.*

By A. S. PENDLETON, M. D., Warrenton, N. C.

THE title of this paper may lead you to suppose that the treatment to be discussed is a radical departure from the old established lines, but before we have proceeded far you will have discovered an old friend, upon whom time has wrought some changes.

All honor and credit for the innovation should be given Dr. G. W. Galvin, of Boston, who, so far as I am aware, was the first in this country to either use or advocate the plan that I shall now try to give you in detail.

The treatment differs from that usually adopted in that a plaster cast is applied immediately after the injury has been received, or as soon thereafter as is practicable; passive motion is used earlier; and the patient is allowed to walk on crutches from the beginning, and to bear a part of his weight on the injured leg so soon as union has begun.

Let us take a Pott's Fracture, the one for which the treatment is most peculiarly fitted, and follow its course from the receipt of injury to the discharge of patient, as in this way the differences may be more readily shown.

For the relief of pain, the injured leg is immersed in a hot creolin bath (℥ss to C) and allowed to remain from one-half to one hour. The fracture is then reduced and a plaster cast applied, over cotton batting, from the ball of the foot to the tuberosities of the tibia, the heel being covered or not as is perferred by the surgeon. The patient is allowed to walk on crutches, the foot of the injured leg touching the ground, but is instructed to bear none of his weight upon it.

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At the end of a week the cast is removed, passive motion used, and the cast reapplied. This procedure is repeated every third day during treatment. On the 12th to 14th day union will usually have begun, and then the patient is told to bear a part of his weight on that leg but to "favor" it. On the 21st day, if union seems to be firm, and this is almost invariably the case, the cast is replaced by careful strapping with adhesive plaster, permission to discard the crutches and use a cane instead is given, and the patient told to report in one week when the adhesive plaster is removed, a bandage applied to prevent swelling, and the patient discharged, ready to begin work.

When the fracture is of the tibia or of both bones, the cast is retained about a week longer and none of the weight of the body is borne by the leg till the 18th to 21st day—thus lengthening the treatment about a week—otherwise there is no change.

Where the fracture is compound, if union by first intention is secured, the foregoing method may then be applied as in any simple fracture.

If the fracture is multiple or comminuted, the ambulatory treatment may be employed; but, of course, a longer time will be required to effect a cure.

A tendency to the formation of blood blisters over bony prominences, which is sometimes seen, contraindicates the use of this plan of treatment.

Let us now consider the advantages of this modus operandi:

The immediate application of the cast to a certain extent prevents swelling about the seat of injury, (which, when excessive retards union,) and diminishes muscular spasm which is so often a source of great pain after fracture. The early use of passive motion, and of the leg, reduces to the minimum the stiffness resulting from treatment.

That wearying lying in bed so distasteful to all and even dangerous to life in a few, and which so quickly saps the strength and injures the health is avoided.

The swelling of the leg which usually follows the regular treatment is most often conspicuous by its absence, and when present is of slight degree and readily relieved by bandaging.

When the patient is discharged, not only has a cure of his fracture been affected, but his general health and strength have been retained and he is ready to begin work again.

Allow me to add that the latter is of no small importance more especially when the patient belongs to the laboring class.

Now what are the disadvantages of this method? You will say at once: the probability of deformity, of delayed union, or of having to deal with an ununited fracture.

In answer let me say, that the stimulation caused by the slight motion of fragments seems to hasten rather than delay union; that, though I have before me while writing, reports of 97 cases so treated, in not one of them was an ununited fracture the result; and that, from the results obtained by others who have used this method, and from my own experience with it, I have no hesitancy in declaring that there is no greater tendency to deformity than with any other treatment.

Allow me to present a condensed report of a few cases to further support the position I have taken.

CASE I. R. H., Irish, age 34, male, miner. Lump of coal fell on left leg. Typical Pott's fracture. Creoline bath ½ hour. Fracture reduced and

casts applied. Allowed to bear weight on leg at end of 2nd week. Cast removed 22nd day and leg strapped, crutches discarded. On 29th day adhesive plaster removed and leg bandaged. Patient allowed to return to work but told to report one week later. 36th day—No trouble experienced from use of leg. No deformity other than slight nodules at seats of fracture.

CASE II. G. R., teamster, German, age 41. Leg run over by wagon. Transverse fracture of tibia about the middle of shaft. Oblique of fibula at junction of lower and middle thirds. Creolin bath one hour. Plaster cast after reduction. 21st day—Allowed to bear weight on leg, union apparently firm. 29th day—Cast replaced by strapping with adhesive and bandaging. Alllowed to walk with cane. 40th day—Adhesive removed, leg bandaged and patient told to return to work and report one week later. 47th day—No trouble from use of leg. No shortening and no deformity save that produced by callus at seats of fractures.

CASE III. H. S., Italian, miner, age 37. Bank of coal fell on right leg. Very dirty. Compound fracture of right tibia. Oblique fracture of fibula lower third. Thoroughly cleansed under ether. Ends of tibia freshened and sutured with kangaroo tendon. External wound closed with silk worm gut. Leg put in fracture box and application of cold through coil for 36 hours. 10th day—Union of soft parts by first intention. Cast applied with window at seat of external wound. Patient allowed to walk with crutches. 30th day—Union apparently firm, but patient not allowed to bear weight on leg until 33rd day. 40th day—Cast retained but patient allowed to walk with cane. 45th day—Cast replaced by adhesive plaster- 50th day—Adhesive plaster removed and leg bandaged. Patient told to go to work if he wanted to. Union firm.

In this case there was one-half inch of shortening, otherwise the result was good.

I shall be glad if anyone who is familiar with this plan of treatment, will give us the benefit of his experience.

In conclusion, let me say that, if the thinking members of our Society who have had experience with the use of plaster casts, will be induced to consider this method and give it a trial, with any changes that their good judgment and the exigencies of the case may suggest, the object of this paper will have been accomplished.

[Discussed by Drs. Picot, O'Hagan, Laughinghouse and Bass.]

A New Treatment for Hay-Fever and Coryza. The *Laryngoscope* for February, 1900, quoting from the *Medical Council*, mentions a new use of heroin suggested by Dr. Weatherby, of Wilkesbarre, namely, in hay-fever and acute coryza. In these conditions he recommends the following formula:

Heroin	1 grain
Atropine sulphate	1-25 grain
Caffeine citrate	15 grains
Salophen	75 grains

M. Ft. caps. No. xv.

In the author's own case of hay-fever one capsule was sufficient to relieve the sneezing and the profuse nasal secretion, and four capsules a day kept him perfectly comfortable. Since this favorable experience he has prescribed the treatment in a number of cases of coryza and hay-fever with equally positive results in every instance. He believes that by its use we can promise immediate relief to the large army of coryza patients so common at this season of atmospheric changes.

Chronic Endometritis, Its Varieties, Pathology and Symptoms, With Special Reference to Treatment.*

By B. RAY BROWNING, M. D., Littleton, N. C.

I DESIRE to express my appreciation of the honor you conferred upon me in appointing me Chairman of the section of Gynæcology and thus making it my duty to prepare a paper for your consideration at this meeting. In the selection of my subject I have not in view the presentation of anything new or startling, but shall content myself, in the short time at my disposal, in touching upon some of the essential and interesting features of the subject chosen. Endometritis is an inflammation of the lining of the uterus. It is a disease of menstrual life, and while I have not observed it before puberty, yet it exists according to good authority, constituting the vaginal form; it also extends beyond the menopause in the well known form of senile endometritis. I shall content myself, however, with considering those varieties occurring during the child-bearing period. There are two distinct varieties of endometritis, viz: (*a*) Glandular, and (*b*) Interstitial, with probably a third or uncertain variety, the fungoid or villous form.

There is also a variety of endometritis occurring in the puerperal state, which, while it does not come distinctly within the scope of this paper, will be touched upon at a later period.

Without necessarily admitting the broad statement that all inflammatory processes are due to microbes as taught by Senn, Roy, and other surgical writers, it may be claimed that the position is strengthened by the investigations made to determine the pathogenesis of endometritis. It is a well established fact that in the healthy uterine cavity there are no microbes. Winter has proven this by examinations of a large number of uteri removed from the body.

Strauss and Doderlein have found the lochia in non febrile puerperal cases free from bacteria. It is a singular, though wonderful fact, that the uterine cavity should remain free from germs when it has been clearly shown by Winter, and many others, that in all, or nearly all women, the vaginal and cervical canal contain large numbers of microbes. The absence of uterine secretion, as suggested by some, may have some bearing upon this subject. It is quite important to remember that the microbes found in the vagina and cervix have usually lost most of their virulence. This is true of both the staphylococcus and streptococcus. The unbroken epithelial membrane of the endometrium is probably in no danger from them after they have undergone the changes produced by a residence in the vaginal and cervical canals, and the menstrual decidua, instead of forming a nidus, is also toxic to them. All cases of endometritis post-partum, or post-abortum, are probably of microbic origin. Endometritis originating in other conditions, as from the introduction of sounds and tents, specific vaginitis, etc., is probably due to the same cause.

Bacteriological investigations during the last few years tend to confirm

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his. The recent report of Brandt, working in Slavjansky's clinic, who examined 25 cases of chronic endometritis, and found bacteria in 22; streptococci were present in 2 cases; staphylococci in 7; gonococci in three and nonathogenic bacteria in the other ten. Positive information as to the tissues nhabited by the bacteria, their mode of growth and the way in which they roduce their pathological effects in chronic endometritis, has not yet been btained. It is probable that the connective tissue spaces of the stroma re the chief habitat of the germs in all cases; their presence in the epithelial ells, on the surface of the mucous membrane and in the glands is not oubted. The epithelial layer, although consisting of only a single row of ells, is a protection to the underlying stroma. Brandt believes that the diferent forms of endometritis are caused by bacteria located in different habiats. Thus in catarrhal endometritis, endometritis interstitialis, he finds short, hick bacilli in the hemorrhagic extravasations. In septic endometritis, endometritis decidualis acuta, the dilated glands are filled with cocci; while in onorrheal endometritis, the gonococci are in the epithelial cells. The nicroscopical examinations of different parts of the endometrium shows ifferent results not due to different diseases, but different stages of the same isease. With the acute variety of endometritis we have here little or nothng to do, because it is so manifestly against the best interests or these cases o curette the uterus that laboratory studies have not extended in this irection. Suffice it to say that acute endometritis is characterized in the ame way as any acute inflammation of other parts, by the presence of an nflammatory exudate. According to Keogh the inflammatory exudates onsists of poly-morpho-nuclear leucocytes, fibrin and serum accompanied vith increased secretion of mucous. Red blood cells, escaped by diapedesis nay be present but the presence of the leucocytes is our chief guide n diagnosis. In the first stage of chronic endometritis, there is an increase n the size of the glands; later there is also added an increase in their numer. They branch out laterally, cork-screw shaped, and, if this hypertrophy nd development of glands is carried to an extreme, we often find the vhole mucous membrane consisting almost entirely of functionating glands vith little interstitial tissue. Added to this there is hypertrophy of the landular epithelium, as many as three or four layers lining the gland. Hemorrhages into the gland are also found. In the interior of the glands nucus is often found and there is almost constant swelling of the endothe- al cells of the capillaries with dilatation of the veins. This is the glandular r hypertrophic, the first stage of chronic endometritis, the so-called endomeritis glandularis of Ruge and Veit. Between this picture and that of the xtreme interstitial stage there are many intermediate steps. The transition s a gradual one, requiring perhaps years for its completion.

According to Weiner and Veit, the microscopical examination of uterine crapings often show a glandular process side by side with an interstitial rocess. In this latter process the cells encroach more and more upon the landular epithelium, even into the lumen of the gland, causing atrophy. The lumen of the gland becomes filled with connective tissue which in turn ecomes irregular, shrinks and breaks down. Hemorrhages may now take lace, but necessarily are circumscribed. According to Schroeder, the nucous membrane as such is entirely destroyed, the glands disappear and he stroma cells resemble decidual cells. In the specific form the glands are ot increased in number, though most of them are dilated, the epithelium eing found in several layers. Considerable interstitial haemorrhage has een found, the capillaries dilated and increased in number. Wyder has

pointed out that all attempts to demonstrate the gonococci in these old cases prove futile. The stroma cells are often swollen and proliferated while the glands are dilated and irregular in shape, their lining epithelium desquamated. The so-called fungous or papillary form of chronic endometritis is characterized by irregular papillary or villous outgrowths upon the surface of the endometrium.

In regard to septic or puerperal endometritis, there are two varieties according to Bumm of Wurzburg, and these he claims are demonstrated by both microscopic bacteriological examination and clinical experience,—the putrid and septic, either of which he claims may occur in a pure form. Septic endometritis is marked by the presence and development of septic germs upon the decidua.

While streptococci are more frequently found, other varieties of bacteria may be present. In the putrid form, the changes in the decidua according to Peterson are produced by streptococci micro-organisms but no development of septic germs occur. The resulting decomposition gives rise to fever and other symptons of intoxication. A very interesting fact histologically, in connection with these cases, is that there is found beyond the necrosed decidua a zone of cellular infiltration which is a result of the re-action of the organism and acts as a barrier to the entrance of germs. The reason why one affection is local and another general can only be explained by the virulence of the septic germs present. Chronic catarrhal inflammation of the lining membrane of the uterine cavity in the married woman is a well known disease and has been described in text books for years as a cause of sterility, and as the result of certain injuries incurred during parturition, or of pathological conditions following that originally physiological function.

The causes of endometritis in the married nullipara are usually insidious and slow in their action, like catarrhal affections of other mucous membranes. Repeated exposures to cold, a general catarrhal tendency, prolonged and frequently recurring pelvic congestions, such as is produced by excessive sexual intercourse, especially where means for prevention of conception are employed, these are factors combined with general anaemia which most commonly bring on a chronic endometritis. To these are added natural feeble constitution, scrofula and tuberculosis.

Symptoms.

The first and most prominent is leucorrhoea, the discharge being of a thick viscid consistence, like boiled starch. The leucorrhoeal discharge is opaque, when mucous crops abound, and yellowish when pus crops abound. The cervix is only slightly sensative and hence the disease may not be noticed by the patient for some time. Pain is more or less present in the back, groins and down the thigh and during coitus. It is most severe on left side and under the mammae, neuralgic pains which lead to the supposition of liver disease. Menstruation may be normal, but is often increased in amount. Digestion is deranged, the nerve centres become unbalanced and the woman soon appears like an invalid. The sensative and extensive nerve periphery which ends in the uterus is irritated and inflamed. Nerve reflexes induce excessive, deficient or especially disproportionate secretions, and indigestion, constipation or diarrhoea follow. This is especially true of the glanular form, which at times of menstruation is very exhausting to the patient, from the increased discharges, blood and

mucous. The interstitial variety of this disease is very prone to produce sterility, and early in its course dysmenorrhoea, with exfoliation of membrane and later cessation of menstruation. This variety according to Robinson, soon induces metritis in which active deposits of connective tissue are the essential process and hence results a small hard, stiff uterus capable of no function. There is often nausea, vomiting and flatulent distention of abdomen leading to pseudo-cyesis. Dark circles are seen around the eyes, headache, despondency and hysteria develops, the patient frequently crying at sight. There is inability of the patient to concentrate the mind upon any one subject. There are some of the disorders of the nervous system. The existing sterility is often the only symptom which prompts the patient to consult a physician. The use of the sound in the uterus causes pain and a slight amount of blood escapes, hence after our diagnosis the sound should be used as little as possible. In cases of long standing the mucous membrane becomes atrophied and the uterine cavity becomes lined with connective tissue. Hemorrhage is a very prominent symptom and uterine colic may come on from time to time. While leucorrhoea is a very prominent symptom in the glandular form, in the interstitial variety it may be observed at first from slight irritation but it soon diminishes and may finally cease altogether. The painful menstruation is due to the compression of the nerves by the distended vessels. The sterility is occasioned by the spermatozoa being killed by contact with the acrid discharge or the sentiveness of the uterine mucosa causes an early expulsion of the fecundated ovum. In multipara with small os, the mucus plug may impede the entrance of the spermatozoa, though pregnancy may result.

The villous and fungoid form of endometritis is not a very frequent condition according to Mundé and Robinson. Its chief symptom is hemorrhage. It bleeds at any and all times. Usually the vessels of the endometrium are enormously dilated and the endometrium is so vascular that it resembles a fungoid growth.

Physical Signs.

Inspection at times reveals merely a red ring and the os externum soft and tender. At times the os is wide enough to admit the finger. In multipara, lacerations often exist, with notches and punctured cicatrices. Obstructed nabothian follicles often appear, and a discharge giving the sensation of little nodules to the finger, is seen, through the speculum issuing from os-tincæ. As a rule there is little tendency to spontaneous recovery as displacements often follow. A guarded prognosis should therefore be given according to extent of tissues involved.

Treatment.

This must be both constitutional and local. At times this affection is but a local manifestation of a general disease. The general health of patient must be looked after, the secretions and execretions. She must have and keep regular hours, have good, wholesome and nutritious food, pleasant company, exercise in the open air, warm baths, bowels regulated, trip to sea, and in fact everything that will promote her health. Ferruginous tonics when indicated.

Local Treatment.

To be efficient this must be thorough. The first course to pursue in preparing a patient for local treatment is absolute cleanliness. This is best secured by hot vaginal douches. Burtenshaw says that of all the therepeutic measures that are brought to bear in the treatment of female pelvic diseases, there is probably no single one that is so abused and the underlying principles of which are so little understood as that of hot water vaginal injections. Therefore, they serve us a double purpose in the preparation of our patient for local treatment. Rationally and intelligently employed it is one of the most remedial measures at our command; ignorantly used, it is often fraught with danger, and defeats every object in view. Plied with questions as to the technique of using hot water vaginal injections most women will give correct answers except as to amount used, (they seldom use more than a quart;) one will confess that she has used a very much larger quantity, but has squatted over the douche pan instead of lying flat on her back when taking the injection; another has laid down, used a gallon or more only at a moderate temperature, and thus it goes.

The intention has been of the best, the practice the worst. Certain rules should be printed for distribution by physicians among their patients requiring vaginal injections, but it is a notorious fact that many will tell you the trouble attendant thereon is too great.

1. A large size fountain syringe should be used, preferably one holding four quarts, attached to a support three or four feet above the body.

2. The patient should lie on her back with hips elevated and shoulders depressed.

3. At least 2 or 3 gallons of hot water should be used, the temperature of which should be from 110° to 120° Fah.

4. The injections should be taken twice a day except on two days preceding and two following menstrual flow. The reason for assuming a strictly dorsal position with elevation of hips is sufficiently obvious; the hot water should bathe the parts thoroughly and constantly, a thing not easily accomplished in the upright position. Why should 3 gallons of water be used? For a very simple reason and herein lies the secret of success. Wherever in the body there is an inflammatory process, an irritation, an increased amount of blood will be drawn to the parts, and wherever there is hyperaemia there will be hyperplasia, if the process remains unchecked. The exceptionally free blood supply of the pelvic organs render them peculiarly liable to this evolution. The initial effect upon the tissues of water at a temperature of 110° to 120° Fah., is to dilate the blood vessels and thus to temporarily increase the already existing congestions; the secondary effect is to cause contraction and consequent lessening of congestion. It is this very effect that we wish to bring about in the treatment of pelvic inflammatory conditions by the use of hot vaginal injections, and hence it is not only an agent of cleansing, but of distinct therapeutic property. This line of treatment must be continued for some time. We sometimes meet patients upon whom these douches have an exceedingly debilitating effect. Then the temperature or amount of water must be reduced. After taking these hot vaginal douches, the patient should rest quietly for an hour or two, shielded from draughts. Reclus of Paris claims, and with apparent good reason, that the use of hot water enemata in pelvic inflammation is much to be preferred to vaginal douches. He directs that the water be used at a temperature from 120° to 130° Fah., and that the patient must retain a large

quantity for some minutes. Some little practice is necessary to accustom the patient to these enemata, the tendency to tenesmus being difficult to overcome.

We have now to consider the use of the curette in chronic endometritis as the next step in the local treatment.

In considering the use of the curette in this disease, it is not proposed to consider separately the different clinical varieties of endometritis, as all varieties of this disease, whether developing through the agency of pathogenic bacteria or due to circulatory disturbances of non-infectious origin, are more or less amenable to treatment by the curette. The object of the curettage is the removal of the diseased endometrium. The utricular glands being increased in size or number their amputation at the muscularis secures better drainage. In the infectious cases the curettage places the uterus in a condition where the bacteria can be destroyed by the active leucocytosis produced by the operation. Martin, Thomas, Pozzi and others advocate the use of the dull curette, while Peterson and Bacon say that only by the use of the sharp curette can the complete removal of the glands down to the muscularis be accomplished. It is interesting to note the amount of actual tissue removed by ordinary curetting and the subsequent regenerative changes. Werth and Bossi found the amount to be very unequal, some parts being altogether untouched, the fundus and angles remaining intact. Bossi found the uterine mucosa in two cases completely regenerated in 25 to 27 days. The best results seem to follow the use of the small-sized instruments which can be more easily inserted into the cornua of the uterus and between the rugæ. Regeneration of the epithelium is delayed after the application of liquor ferri. "These observations," says Peterson, "are especially valuable in connection with the treatment of gonorrheal endometritis, which has long been recognized as one of the most difficult to cure of all uterine diseases." This is supposed to be due to the deep penetration of the gonococci, they having been found by Madelener in the uterine muscular tissue and hence beyond the reach of the curette. Indeed Neisser himself says that once the infection has gained a foothold in the uterine mucosa there is scarcely any medical treatment of any service. Drainage seems to be all important in securing good results after curettage. Johnson says that in order to secure good drainage after amputation of the utricular glands, caustic applications must be omitted, as they tend to cap over and shut in the contents of the glands. This, however, does not coincide with Robinson, who says he relies more on the acid and cautery than the curette, though this last author in speaking of the glandular form of endometritis, recommends the use of the sharp steel curette, after which an application of 95 per cent. carbolic acid is made to destroy the old adenoid edometrium. The application of the Pacquelin cautery is recommended as affording a fair chance of recovery. To be of service, the endometrium must be destroyed for a goodly distance. Some writers recommend the packing of gauze within the uterine cavity subsequent to curettage, but the opinion is that it does not act as an efficient intra uterine drain, especially in septic endometrial diseases. The method employed by Gill. Wylie is to dilate, thoroughly curette the uterus and apply tr. iodine or pure carbolic acid to the entire endometrium and put in a hard rubber stem. This latter keeps the cervix open and acts as a drain. "In the septic form of puerperal endometritis marked by the presence and predominating influence of streptococci and other pathogenic bacteria," says Peterson, "it is only where the disease is localized that it is amenable to treat-

ment by the curette, and the sharp curette is especially to be deprecated!' Bumm of Wurzburg, in a paper read before the German Gynaecological Society, expresses the belief that only in the early beginning of the infection could anything be expected from the disinfection of the endometrium, and where virulent infection has taken place generally the curetting is usually too late.

Williams, Prior, Fry and Reynolds (*Therapeutic Gazette*, February, 1900), working together report as follows concerning the value of anti-streptococcic serum: "A study of the literature of the subject shows that 352 cases of puerperal infection have been treated by many observers with a mortality of 20.74 per cent. When the streptococci were positively demonstrated the mortality was 33 per cent." They show that without treatment such cases present a mortality of about 5 per cent., and that such cases tend to recover if nature's work is not undone by too energetic local treatment. They unhesitatingly condemn curettage and vaginal hysterectomy. Their experience is that anti-streptococci serum is not injurious and may be tried if desired, but that its employment does not materially improve the general results of streptococcus puerperal infection. Where several methods are employed, as is usually done, it is difficult to say to which therapeutic measure the success is due. It is highly important, first of all, to ascertain the nature of the infection before injecting so potent a remedy. Noble of Philadelphia strongly advocates the local application of alcohol to the endometrium in cases of acute infection confined to the uterine cavity. This is done by means of a sterile rubber catheter and sterile gauze, a few drams of 95 per cent. alcohol being injected every half hour until improvement takes place. A number of cases so treated responded very promptly and in all recovery ensued.

To those who believe that endometritis is a disease of microscopic origin, the antiseptic treatment will appeal with peculiar force and it has strong following. Of these, Bacon is an able exponent. He advocates dilatation, antiseptic irrigation and drainage. When one considers the great difficulty in disinfecting the hands, so forcibly shown by Kelly, of Johns Hopkins, he can imagine the uncertainty of rendering the surface of the less accessible membrane of the vagina and cervix aseptic. In order to do this, therefore, and to prepare the way for the successful employment of the curette and antiseptics to the diseased mucosa, it is necessary to observe certain rules in the introduction of the curette, sound or any other instrument into the uterus, lest we unwittingly carry pathogenic bacteria within the cavity. Patients should be instructed to take sublimate douches in the manner already outlined, twice a day, for several days prior to an examination, which should never be made during the first visit. The external genitals and surrounding skin should be thoroughly cleansed and disinfected. This can be done by washing them with a solution of lysol or creolin and thoroughly scrubbing with a liquid soap. The cervical canal is to be treated in like manner in order to disinfect it and lastly an application of 95 per cent. alcohol is made to the entire surfaces thus treated. It goes without saying that no instrument should be introduced without seeing the open canal. "The curette, says Bacon, "is only a part of the treatment, for no one claims that by it alone can we render the uterine cavity aseptic. It simply prepares the way for the antiseptic treatment. In this respect it differs from the caustic which has both a denuding and germicidal action." The success in the use of the antiseptics depends upon the ability to bring the agent into direct contact with the pathogenic germs. By removing the endometrium with

the curette, or with caustics, one is enabled to apply antiseptics direct to the germs. When the curette is used carefully, and thoroughly followed by an efficient germicide I believe it is a more reasonable surgical procedure than the caustic. The outer portion of the endometrium, it is advised, should first be removed by the curette and the antiseptics applied in solution by the syringe or by means of an applicator or in solid form. Massage of the uterine cavity by means of an ordinary applicator swab, under antiseptic precautions, is said to stimulate the resisting and bacteriocidal properties of the tissues. Any measure which will improve the circulation, control the distended capillaries and arteries, empty the lymph channels and remove the exudations will also stimulate the antiseptic properties of nature. These agents, or measures, we apply to the diseased mucosa in the shape of slight stimulants as iodine, massage, electricity, etc. Indeed, Schultz says that mild astringents or stimulants, like weak zinc chloride or iodine solution, are often harmful because they serve as carriers of contagion, but when used with antiseptic precaution they may in suitable cases be of considerable benefit. By massage is not meant the Thure Brandt method, but stimulation of the cellular elements by mechanical irritation.

Electricity is another agent which must be considered an auxiliary of nature in the treatment of endometritis. Of the use of this agent I cannot speak from personal experience. There are those, however, in whose hands it has produced marvelous results. It is said to be especially serviceable in those cases following abortion. A current of sufficient strength to have germicidal properties, is, I believe, too strong to be used in the uterine cavity. By virtue of its well-known effect upon the circulation, the galvanic current is said to be a valuable agent in controling the hæmorrhage in cases of hæmorrhagic endometritis. As an adjunct to the treatment already outlined I should mention the use of tampons of boro-glyceride. These tampons are pushed well back against the cervix and left in situ for 18 to 24 hours after which they are removed and a hot vaginal injection is given, to which is added equal parts of powdered alum and borax. These tampons act by virtue of capillary attraction depleting the tissues to a marked extent. In those cases of endometritis accompanied by subinvolution, where the whole organ is large and heavy, these tampons have a very beneficial effect. If you have your patient under control the treatment of this condition is mostly favorable, otherwise very unsatisfactory. You will probably find no one method of treatment to be specific—neither the curette nor the caustic. There is good in all methods which meet the chief indication, which is the removal of the disease. It is by combined internal and local medication carried out along antiseptic lines, upon which our success will depend. You must study your patient as well as her disease.

Removing Blood Stains. A writer in the *Medical Review of Reviews* says that one of the best agents for removing blood stains from woolen clothing, linen, etc., is the peroxide of hydrogen. It may have to be applied more than once, and rubbing with the finger or a cloth hastens the disappearance of the spot. If hot water has been used, coagulating the blood, the peroxide is not effective. It does not take out the color of clothing.—*Maryland Medical Journal.*

Abortion.*

By E. T. DICKINSON, M. D., Smithfield, N. C.

THIS paper shall be an effort at brevity embodying points not beyond discussion and yet the properly recognized and well tried teachings and methods which should be remembered in the management of every case of abortion coming under our professional observation.

Expulsion of the ovum before the period of viability will be understood as abortion, that occurring after the child is viable to within a few weeks before the normal termination of pregnacy as premature labor. The period of abortion extends to the twenty-eighth week of pregnacy, and on account of improved incubation is growing shorter. Premature labor includes the period of the twenty-eighth to the thirty-eighth week of gestation and for the same reason is growing correspondingly longer.

Abortion is of frequent occurrence and serious nature—frequent to the extent of at least once in every motherhood, judging from Whitehead's statement that thirty-seven out of every one hundred mothers abort before they reach the age of thirty; serious to an extent approaching consumption in that sex when considered as the starting point, in neglected cases, of various diseases of the uterus, as sub-involution, chronic metritis and endometritis leading to invalidism, as well as the numerous deaths by sepsis and pelvic peritonitis.

The causes of abortion are inconceivably infinite, may appear infinitely small, obscure and inevitable, or infinitely gross, bold and despicable. They may be grouped into paternal, maternal, ovular, therapeutic and criminal. The last two are induced abortion. Abortion occurs most frequently between the ninth and sixteenth weeks of pregnacy, and at the time corresponding to the natural monthly period. It should ever be remembered that in most cases the diagnosis is a simple affair, but the practitioner will meet with no condition which at times will puzzle him to the same degree. He must decide these questions: (1) Has the woman been pregnant? (2) Has she aborted? (3) Is the abortion complete or incomplete? (4) Is it criminal? These must be decided before intelligent prognosis and treatment can be determined.

If a woman is found pregnant and abortion threatens it is very important to know whether or not it is unavoidable, as the anodyne treatment of merely threatened abortion renders the inevitable type the more slow, incomplete and complicated. If there has been not much hemorrhage nor continuous uterine contraction it is safe to consider the abortion as merely threatening. The patient must at once be put at complete rest and brought as soon as possible under the influence of drugs that will diminish nervous sensibility and weaken muscular action—opium in the form of suppository being perhaps the best and is in more general use in this country. If the abortion can be prevented the uterine contraction will soon cease, the bleeding stop and the patient will usually drop to sleep. If this result should not follow the treatment within a few hours, hope of delaying abortion should be abandoned and measures should be taken to secure complete and early expulsion of the ovum. Two dangers threaten the mother, hemorrhage and septic infection. These dangers are best guarded against and at the same time com-

*Presented to the North Carolina Medical Society at Tarboro Meeting, May, 1900.

plete expulsion of the ovum secured by the proper use of the antiseptic tampon. After several hours when the tampon is removed, and if necessary renewed, the ovum will often be found adhering to it. Administration of ergot will also aid in the early completion of the process of expulsion. If the abortion is *surely* complete, the after treatment will be simple and period of recovery uneventful. Unfortunately the abortion is usually incomplete. If it is found incomplete, as will most often be since, in the early months of gestation, the large mass of the deciduous membrane is almost certainly retained in the uterine cavity, and later the placenta being frequently left behind, the treatment will not be so simple and prognosis so satisfactory. Here it is that there is so much difference of opinion as to the proper course to pursue—whether the conservative, or the active course of removing at once the substances in the uterus which may give rise to future complications. The proper course, undoubtedly, is the one corresponding to the inclination of the physician in charge. If we were all accustomed to the proper use of the curett, the future safety of the woman would invariably demand that the secundines be at once removed after the expulsion of the fœtus, in every case in which such removals can be made without force sufficient to injure the woman. But it must be remembered that in the hands of general practitioners unaccustomed to gynecological manouvers and aseptic measures the curett in the puerperal uterus will often prove a dangerous instrument. If this active treatment be adopted the after care will be very simple, for the lochial discharge will be very slight and involution of the uterus rapid. But whatever course we pursue until this involution is perfected, the woman should be confined to bed.

If it be found that the case is one of that class in which the physician himself, for the safety of the mother, finds it necessary to bring about the premature discharge of the contents of the pregnant uterus, to demonstrate absolutely the absence of criminal intent should be his first thought. It is of some importance to know whether we are dealing with a viable or an unviable child in order that the proper method be employed. If the twenty-eighth week is approaching and it is possible to wait until the period of possible viability of the child arrives, such should be done, and this done, the induction of labor should be postponed as long into the viable period as it is reasonable to venture, and thus compromise between the interests of mother and child, but always giving the mother the advantage of any doubt.

In bringing about the expulsion of the fœtus by artificial methods we should, as nearly as possible, imitate nature, by securing clonic contractions of the uterus and the consequent evacuation of that organ. The process is a reflex act induced by the application of a stimulus, the impulse of which is sent along the peripheral nerves and causes the uterus to contract. This reflex act may be brought about in various ways, but many are unreliable while others are complicated and unsafe. The reputation of emmenagogues in unsafe doses is largely based on erroneous diagnosis. The use of all drugs for this purpose is unscientific, unreliable, unsafe and indeed superfluous, as if the woman is pregnant, she will lose her life before the child is destroyed, if she is not pregnant, they are unnecessary. Only the ignorant laity use them. The most reliable, safest and most generally employed method is that adopted by Sir James Simpson of introducing, under aseptic precautions, a soft rubber bougie into the uterus and retaining it there by a vaginal tampon until uterine contractions are excited sufficient to expel the ovum. The dangers are sepsis, inflammation and hemorrhage. The first two must be avoided by observing strict asepsis of the external genitals and vagina and

of the hands of the operator. Should there be much hemorrhage, the placental site has probably been invaded and the bougie should be withdrawn and re-inserted in another direction. If after this the hemorrhage becomes alarming a firm vaginal tampon must be placed. This method after the first few months of gestation usually acts promptly and efficiently. If, however, the abortion is to be induced in the first eight or twelve weeks of pregnancy, cervical dilation and thorough aseptic curettment is to be preferred.

If the abortion be found criminal the indications are to guard against sepsis and hemorrhage. It is imperative for the woman's future usefulness and well being that all cases be kept quiet in bed until complete involution of the uterus is certain. In the interest of the profession and the common community as well, when even slight suspicion of criminal interference exists, the physician should exercise great care in examining his patient and make complete notes of any history he may obtain from the patient and others present and also keep complete notes of his physical examination and the clots and portions of the embryo should be kept for inspection. If there is positive evidence of criminal abortion produced by a second party the case should at once be reported to the proper authorities and all evidence possible should be placed at their disposal. In this way much can be done toward the prevention of criminal abortion.

A question worthy of serious discussion arises when a woman has committed abortion upon herself. Morally it seems right that the physician should report the case in the capacity of a citizen. But, professionally it would be the part of reasonable policy, if not morally right, to save life if possible and to keep the offender secret, this as much in interest of future unfortunates as for the solution of the present dilemma, and, too, it seems the surest means of discouraging the development of an increase in number of professional abortionists, who have neither the future interest of the community at heart nor the safety of the woman.

As to the propriety and demand for larger liberty in the induction of abortion in unfortunate young unmarried women the time has probably not arrived for its discussion, but it has been urged that there should be a recognized difference between abortion for convenience in the married and of an unfortunate single woman, whose shame would be agonizing to herself, her kinsmen and the branded child she bore. One plainly feels the need of this difference after turning away one of these unfortunates. But while each of us with a heart, with a sense of justice and with an active and right conscience keenly feels the need of this legal difference under similar circumstances, we must not persuade ourselves nor allow ourselves to be overpersuaded that induction of abortion, except for the life of the woman, is and must always be other than highly criminal against both morality and the most conservative law, and we must look for relief only in the establishment of some institution for the protection of both mother and offspring, and thus allow them both the greatest opportunity of becoming useful citizens of some community.

An Example for Philanthropists to Follow.—A philanthropist of Palermo, Signor Ignazio Florio, recently founded a dispensary for diseases of the eye, in which all the poor are treated without cost. But this is done at the expense of the institution and not of the attending ophthalmologists, each of whom receives regular fees for the cases treated at the same rate as if they were cases in private practice.—*Medical Record.*

Should Physicians Supply the Medicines They Prescribe?*

By D. S. MORRILL, M. D., Farmville, N. C.

THERE was a time when every physician supplied all the medicines he prescribed, but with the discovery of new remedies, and the increasing demand on physicians for a more thorough investigation of diseased conditions, together with a desire for more palatable remedies than the already busy practitioner thought he had time to prepare, the pharmacist made his appearance.

For a time his advent was hailed with encouraging hope for his success and ultimate establishment in an honored profession. A period then followed in which practically all physicians except those located in remote districts gradually commenced to put their bottles aside, and to place the whole responsibility of preparing and dispensing their remedies on the pharmacist. In those days the pharmacist was a man who attended solely to supplying medicine prescribed by a physician.

For a time this new order of things worked well, the physicians were satisfied, and the profession of pharmacy seemed well established. While this method of medication relieved the busy practitioner of considerable work, and divided his responsibility, it was not so satisfactory to his patient who preferred to have the medicine administered by the physician he had summoned, and who could not see the justice in having his suffering needlessly prolonged, while waiting for a pharmacist to prepare and send his medicine. Naturally enough on the part of the public there was much opposition to the system, a system of unnecessary delay, and when they came to consider that instead of paying the doctor $1.00 or $2.00 as the case might be, for his visit and medicines, as was the custom once, they now had to pay him the same amount for a strip of paper, and the pharmacist 50 cents for the medicine, with the additional annoyance of having to dispatch a messenger to have the prescription filled. Naturally enough people soon became impressed with the idea that for all minor ailments, they would go direct to the pharmacist and thus avoid the intervention of the physician. But here too they occasionally met with disappointment for there were some pharmacists who would not counter-prescribe, and who were tireless in their efforts to explain the difference in the work of the physician and that of the pharmacist; endeavoring at every turn to show how they could not prescribe without going beyond their province, and beyond their teaching and violating a sacred trust. But with the rapid increase of the pharmacist, and competition and a constant outpouring of patent nostrums, a great majority of the pharmacists commenced business on a larger and more independent scale; they commenced to refill prescriptions without instruction, and counter-prescribing became a very important part of their work. Finally physicians generally were aroused, and commenced to think more seriously, and on realizing that when called to relieve the sick they were armed with no therapeutic agents other than those reposing in a led pencil and a pad of blanks. Naturally enough they saw their inefficiency and absolute inability to administer directly to a sick person's wants. This condition of things

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was the cause of a great majority of the more practical medical men casting their old habits aside, and bringing into actual everyday practice a more humane, reliable and satisfactory method of medication. And the results have been so satisfactory to all that now only a small per cent. cling to that wily fashion, of making their patient a professional call with no remedies or means other than a pencil and pad of blanks, and leaving with him no consolation (but rather a painful reflection,) hardly separable from the delay incident with having medicines sent for somewhere in the neighborhood.

There no longer remains a doubt in the minds of a majority of the medical men that the tremendous outpouring of patent nostrums, and the readiness with which they are consumed by public delusion, ingrafted in the public mind by voluminous advertisements and countless testimonials, are not only injurious, but extremely harmful to mankind; not at all from a business standpoint with the physician, but from the fact of the unfortunate conversion of many acute diseases into a more exaggerated or even chronic character.

A person who feels a little dull and disinclined to go about his daily pursuits reads in a newspaper an extensive essay, written presumably by a subject suffering in a similar manner, the writer dramatically and even pathetically describes his dull, frontal headache, his complete loss of appetite, an occasional flash of vertigo, a foul tongue and a heavy feeling in the back. He goes on to state that after consulting several physicians, each of whom had failed to relieve him, but had expressed doubts as to his final recovery, he was at last, as a last resort, induced to try ———— regulator, (it matters not here what regulator,) and after taking it for two days was very much relieved, and after draining a third bottle was entirely restored and able to perform his usual work.

And there is the needless suffering to which young children are subjected by the reckless use by parents and nurses of mixtures of unknown power for doing harm, containing agents of which they know nothing, suggested perhaps by some person in utter ignorance of the fitness of medicinal remedies. A few months ago my attention was called to an infant who having had some symptoms of malaria, had been drenched with a teaspoonful of Groves' Chill Tonic every three hours for several days; and we who are familiar with the harshness of that preparation can imagine the expression of bodily suffering manifested by that unfortunate victim.

With the physician supplying the required medicine, a great deal in the way of expense is saved to his patient, and much more in the way of ease and comfort. This system of course gives the doctor more work, and enforces upon him a greater expenditure for drugs and general supplies, thereby subjecting him to more chances for loss by fraudulent patients. But even all this should not be considered any serious obstacle in the way of the physician supplying, directly and personally to his patient the remedy best calculated to meet the requirements of the case.

When people find that they can go to the doctor and get the desired remedy without being subjected to the annoying delay and additional expense coincident with the intervention of the pharmacist, they will naturally have a tendency to refrain from seeking the grocery or the general merchandise store to find the desired medicinal remedy. The physicians of this country are better off that the nostrum maker lives, but the consumer would be better off if they were all dead.

The medical man of the present day who cannot easily, pleasantly and quickly supply to his patient any medicine required, is surely behind the

times. Although it has been argued from time to time, that carrying medicinal agents, and the manipulation necessary in the preparation of powders and the like for administration, interfered with the dignified bearing the physician should maintain, it seems to me that a true physician should be so devoted to the art of supplying remedies to relieve suffering as to be willing to subordinate all other things to that.

[Discussed by Dr. O'Hagan.]

Treatment of Ear Troubles by the Family Doctor.

By W. H. WAKEFIELD, M. D., Charlotte, N. C.

THE fact that the great majority of all ear cases are seen first by the family doctor is my excuse for selecting this subject for discussion. In studying affections of the ear it is well to keep in mind the classification of the mucous membranes of the body into two great classes, viz.: the respiratory-digestive and the genito-urinary. Thus, the mucous surfaces of the middle ear are continuous with those of the eye, nose, naso-pharynx, larynx, lungs, and along the esophagus to the stomach.

Perhaps the most frequent ear complaint brought to the notice of the family physician is earache. An enumeration of the symptoms accompanying this affection will serve no useful purpose, hence I omit them, merely saying in passing that in the adult, and quite frequently in the child, the pain is agonizing.

The Cause.

Earache may be due to one or more of several causes, the most common of which is acute catarrh of the middle ear, this usually being preceded, especially if it be the first attack, by acute coryza. In this connection it is worthy of mention that many observers report an increase in the number of acute cases of earache since grippe became so prevalent. Another not infrequent cause of severe pain in the ear (earache) is furuncles in the external ear. It must not be forgotten that the skin and subcutaneous tissue of the external canal are very dense and owing to this fact the pain accompanying a boil in the ear is always severe; at times the infusion is beneath the perichondrum, rendering the "boil" a "felon."

In making a diagnosis of this common complaint an inspection of the auditory canal should be made. I must confess I have rarely been able to make a satisfactory examination of the ear without the aid of at least a concave mirror. The patient should be placed between the physician and the light, and a small ear speculum gently inserted in the canal. If the cause of the pain be acute catarrh of the middle ear, the drum head will be seen to be very red, and perhaps, instead of being concave, it bulges into the canal, but when the pain is caused by a furuncle the small, rounded elevation just within the meatus can usually be seen without the speculum, but if seated deep in the canal this instrument is an invaluable aid when gently used. Cases of severe pain in the ear without congested drum head and when furuncles are absent are not wanting, although rare, the cause being tympanic neuralgia.

Treatment.

The pain is often so agonizing that the patient begs for or demands relief, and in severe cases morphine hypodermically is required. When the pain is due to a congestion of the middle ear caused by coryza abortive treatment should be instituted early. Local depletion and purgation will cut short the attack in a considerable proportion of the cases. Since very few doctors in this section are in position to apply leeches we must resort to other measures. An active purge should be given and heat applied to the ear continuously. As the pain in these cases is due to congestive and subsequent exudative, agents that oppose the congestion are indicated, and I have found the administration of belladonna and aconite to serve the double purpose of relieving the pain and cutting short the attack by drying the secretions. My favorite method of administering these agents is to write for

℞ Tr. Belladona Leaves..... ʒ v.
Tr. Aconite Root..... ʒ iii. M.

Dose: from 2 to 12 drops every two to four hours, according to age of patient and susceptibility to the drugs.

Gleason of Philadelphia advises the application of a 4 per cent. solution of cocaine to the posterior turbinals as a means of relieving the pain. I not infrequently advise early in the attack, syringing the ear gently with water as hot as can be borne, and then fill the canal with a 10 per cent. solution of carbolic acid in glycerine. The acid acts as a local anesthetic and the glycerine, by its affinity for water, extracts the moisture from the surrounding tissues, the fluids in the middle ear passing through the drum membrane to unite with the glycerine, thus relieving congestion, tension and pain and reducing the tendency to perforation. When called to an ordinary case of earache in the child, I would advise, active purgation, a dose of the tinctures of belladonna and aconite to be repeated in three or four hours, hot water gently run into the external canal or dry heat to the ear, followed by filling the canal with the 10 per cent. carbolic acid solution in glycerine. If pain continues, resume the application of dry heat and give a full dose of paregoric. Cocaine in 5 or 10 per cent. solution dropped hot into the external canal and caused to come in contact with the drum membrane, will, if the congestion be not too active, be slowly absorbed and not infrequently relieve the pain. It is best applied after the carbolized glycerine. It is wise to look after the condition of the nose and throat in children subject to earache, as treatment of these parts is often required as a preventive measure. Not infrequently enlargd tonsils and adenoids are present, acting as predisposing causes of tympanic congestion. When earache is due to neuralgia, the canal and drum head will show no signs of inflammation. Very often the pain starts in a carious tooth and extends to the ear, the pain in the ear becoming very severe. A dozen years ago I had some personal experience along this line. I was annoyed by earache for which I could not account. My hearing was acute, the canal was normal, and a pledget of cotton on a probe gently touching the drum head did not cause pain. Nothing afforded relief except heat or opiates and although I felt no pain in the teeth I consulted my dentist. The removal of a carious wisdom tooth at once removed the ear pain. To remove the pain of a tympanic neuralgia no local application is more effective than heat. A very convenient method of applying heat to the ear is to wrap a heated smoothing iron in flannel—a brick answers a good purpose; some prefer salt or a bran bag. Dry heat is more cleanly and more easily managed than moist heat and is

quite as effective. A 10 per cent. solution of cocaine warm or a 10 per cent. ointment of cocaine in lanoline applied to the drum head often affords relief. When the earache is caused by a furuncle in the canal, relief can be obtained promptly by a deep incision at the proper time. While waiting for pus to form we can afford our patients relief by applying 10 per cent. cocaine and lanoline ointment. As soon as the furuncle is opened or "breaks" the cocaine salve should be replaced by one of yellow oxide of mercury 1 gr. to the 3 of vaseline. Peroxide should be used in cleansing the ear twice daily, boric acid dusted in and the yellow oxide salve applied on a cone of cotton. This salve is an excellent germicide and its use in the manner indicated will usually prevent a recurrence.

The North Carolina State Board Examination.

The following is the list of questions used at the last meeting of the Board, in Tarboro, May, 1900:

EXAMINATION ON SURGERY.

By D. T. TAYLOE, M. D., PRESIDENT, Washington, N. C.

1. What are the causes of Gangrene? Name the two commonest forms. What structures resist Gangrene, and what are the general indications in the treatment of all gangrenous processes?

2. What are the general principles of antiseptic treatment, and what is the distinction between antiseptic and aseptic?

3. What period of time is occupied by the various processes necessary for the repair of fracture? (a) What complications are common to all fractures? (b) What compound fractures require amputation? (c) In what fractures is the union ligamentous?

4. What are the causes and symptoms of strangulated hernia, and where is the seat of constriction? How do you treat strangulated hernia?

5. Under what circumstances may careful sounding fail to detect stone? How may vesical calculi be treated, and what circumstances guide you in the choice of operation?

6. Give the classification of aneurism. What are the causes, diagnostic signs and treatment of aneurism?

7. What symptoms are common to all shoulder luxations? Give the differential diagnosis between fracture of the surgical neck of the humerous, and luxation about the shoulder joint.

8. What are the causes, and give some varieties of organic urethral stricture? What constitutional effect may follow the passage of an instrument?

9. In what situation may abscess of the breast occur? Give the treatment of mammary abscess.

10. What is the distinction between excision and resection? Describe the common form of club-foot.

SECTION ON PRACTICE OF MEDICINE.

By WM. H. H. COBB, M. D., Goldsboro, N. C.

1. Define Hepatic Colic, Nephritic Colic, Lead Colic, and Uterine Colic. Give brief treatment for each.

2. Give symptoms and treatment of Ulcers of Cornea. What is meant by Apnea, Dyspnœa, Dysphagia, Dystocia?

3. Define Haemoptisis, Haematamesis and Epistaxis. How would you distinguish between them? How would you treat them?

4. Give pathology and treatment of Capillary Bronchitis.

5. Differentiate between Variola and Varicella. (a) Describe method of vaccination. (b) When and how often should it be done? (c) Would you advise against it in any case? If so state cases.

6. State Medicinal and Dietetic treatment for Constipation and Diarrhœas in children.

7. Give Widal's test for Typhoid fever. How would you treat hœmorrhage in Typhoid fever? Give general hygænic management of a case.

8. Enumerate some of the diseases in which nucleins and serums have been employed with success. Give physiologic action in such diseases.

9. Mention briefly treatment for Pertussis, Parotiditis, Spasmodic Laryngitis, Singultus. Write in full 2 prescriptions for each.

10. What is the difference between Phrenitis and Nephritis?

MATERIA MEDICA AND THERAPEUTICS.

By E. C. REGISTER, M. D., Charlotte, N. C.

1. Name the Mineral Acids used in Medicine, and their doses.

2. What uses are made of Permanganate of Potassium?

3. Describe the catharic action of Aloes, and when it should not be given.

4. How would you treat a case of Poisoning by Corrosive Sublimate, and what would you consider a dangerous dose?

5. Give symptoms of Belladonna poisoning.

6. Give the physiological action of Jaborandi.

7. Describe the effects of Nitroglycerine on the circulation.

8. What does the Compound Tincture of Chinchona contain?

9. What substances are incompatible with the Silver Salts?

10. Name the two Glucosides of Convalaria, and compare them physiologically.

CHEMISTRY.

By DR. K. P. BATTLE, JR., Raleigh, N. C.

1. Give properties of oxygen.

2. Give the most handy antidotes for mineral acids and explain why they are useful.

3. Explain the difference between a chemical and a bacteriological examination of drinking water and state their relative importance.

4. What are the properties of hydrochloric acid?

5. Explain the difference between a faradic and a galvanic electric current.

6. What are tinctures and how are they made?

7. What are carbohydrates? Give example.

8. Explain the difference of action of organized and unorganized ferments and give an example of each.

9. Give the differences between carbon monoxide and carbon dioxide.

10. What is wrong with the following prescription?

℞ Potas. chlorat.....Drams, one.
Syr. Simp . ...Drams, two.
Aq... .....Ounces, four.
Sig. Gargle

Anatomy.

DR. J. Howell Way, Waynesville, N. C.

1. Describe the vomer and give its articulations.
2. Describe the external surface of the ilium.
3. Describe the temporo-mandibular articulation.
4. Describe pronator mtscles of the fore-arm.
5. Give the relations of third portion of axillary artery.
6. Locate and describe the femoral artery.
7. Describe the opthalmic division of the fifth cranial nerve.
8. Describe the urinary bladder and give its relations.
9. Locate and describe the vermiform appendix.
10. Name in their proper order the coverings of direct inguinal hernia.

EXAMINATION ON PHYSIOLOGY.

By THOMAS E. ANDERSON, M. D., Statesville, N. C.

1. What do you understand by the term "Metabolism?"
2. Where and how is water absorbed when drunk? Where and how is Peptone, Fat, Sugar absorbed. Is absorption a vital act? Explain.
3. Explain how the normal Cardiac Sounds are produced?
4. Describe the structure of a Malpighian Corpuscle of the Kidney. State its functions and the theory of its action.
5. What is the mode of production of heat in the body?
6. Explain phenomena of sweating? Is it weakening? What part does the skin play in heat reglation?
7. State where in the human economy the following substances are found: Fibrin, Mucin, Chondrin, Leucin, Hippuric Acid.
8. The interchange of what Gases occur in respiration? (a.) Is this effected by the law of diffusion of Gases or chemical action, or both? Explain. (b.) What is the effect on Haemoglobin when an animal is made to breathe pure oxygen?
9. What is the function and distribution of the Pathetic (4th Cranial) Nerve? Also its foramen of exit?
10. Give physiological arrangement by which hearing is accomplished.

PEDIATRICS, OBSTETRICS AND GYNECOLOGY.

By DR. ALBERT ANDERSON, Wilson, N. C.

PEDIATRICS.

1. What are the differences between human milk and cow's milk and how *are* they overcome in infant feeding?
2. Infantile Scurvey: Its principal causes, age when it appears, important symptoms and treatment?
3. Incubation of Measles, Scarlet Fever, Mumps and Chicken-Pox.
4. How would you disinfect a room after Scarlet Fever?
5. Symptoms and treatment of Catarrhal Croup.

OBSTETRICS.

1. Give the anatomy of the Uterus.
2. Describe the Mechanism of labor in a R. O. P. position of a vertex presentation.

3. Define placenta previa, give the varieties, symptoms and treatment.
4. What are the premonitory signs and symptoms of puerpural eclampsia? How would you treat such a condition?
5. Give the etiology and treatment of postpartum hemorrhage.

GYNECOLOGY.

1. What are the functions of the ovary, of the endometrium, and of the cervix uteri?
2. Give the ligaments and attachments of the uterus.
3. Is the ovary an extraperitoneal or an intraperitoneal organ?
4. Give the symptoms of acute gonorrheal endometritis.
5. Describe the operation of curettage for septic endometritis.
6. Describe one accepted method of vaginal hysterectomy.

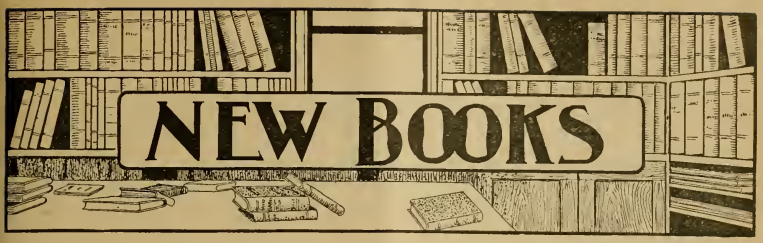
The Successful Candidates for License to Practice in North Carolina.

Seventy-nine candidates presented for license to practice and of this number twenty-five failed to pass a successful examination.

It is worthy of note that the two candidates receiving the highest grade are women, Dr. Elizabeth Delia Dixon and Dr. Sallie Borden, each making a grade of 93. The following is a list of the successful candidates:

Elizabeth Delia Dixon, Raleigh, N. C.	Sam'l Edwards, Goldsboro, N. C.
Sallie Borden, Goldsboro, N. C.	A. C. Hoyt, Washington, N. C.
Lucy C. Jones, New York City.	W. C. Melvin, Winnie, N. C.
J. Ernest Stokes, Salisbury, N. C.	E. J. Nixon, Wilmington, N. C.
Robt. B. Miller, Goldsboro, N. C.	L. D. McPhail, Clinton, N. C.
W. C. Kluttz, Salisbury, N. C.	Raymond Pollock, Kinston, N. C.
J. T. Shaffner, Jr., Salem, N. C.	J. F. Hunt, Fallston, N. C.
Edward Baum, Greensboro, N. C.	H. G. Powell, Fairbluff, N. C.
Edmond Harrison, Greensboro, N. C.	H. F. Glenn, Gastonia, N. C.
R. M. West, Salisbury, N. C.	Gaylord Worstell, Cherokee, N. C.
J. C. Greene, Greenville, N. C.	W. E. Reid, Gatesville, N. C.
G. G. Bell, Elizabeth City, N. C.	B. H. Henderson, Fayetteville, N. C.
G. E. Price, Sapphire, N. C.	C. H. Hines, Smithfield, N. C.
S. E. Ballard, Saginaw, N. C.	B. J. Witherspoon, Charlotte, N. C.
J. S. Buffalo, Garner, N. C.	Chas. H. C. Mills, Charlotte, N. C.
George M. Pate, Gibson, N. C.	Edgar H. Earl, Rochester, N. York.
Wade H. Bynum, Germanton, N. C.	Geo. W. Brown, Covington, N. C.
W. Henry Stratford, Greensboro, N. C.	G. V. Cloninger, Stanley N. C.
Neill MacRae, Fayetteville, N. C.	Wm. H. Houser, Shelby, N. C.
S. B. Evans, Idaho, N. C.	Lem Watson, Broadway, N. C.
J. E. Patrick, Institute, N. C.	R. S. Cromartie, Garland, N. C.
W. F. Fortune, Greensboro, N. C.	W. H. Moss, Charlotte, N. C.
G. S. Sikes, Clinton, N. C.	W. F. Mitchell, Shelby, N. C.
G. S. Watkins, Cornwall, N. C.	J. W. Fauntleroy, Saluda, N.C.
D. R. Bryson, Bryson City, N. C.	W. A. Newman, Salisbury, N. C.
J. C. Wessell, Wilmington, N. C.	Wm. L. Dunn, Asheville, N. C.

W. J. Thigpen, Conetoe, N. C.



Progressive Medicine.—Vol. IV. December, 1899. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth. Philadelphia and New York: Lea Brothers & Co.

The present volume is the fourth and last for the year 1899. The first chapter is written by Chas. G. Stockton and treats of diseases of the digestive tract and allied organs and covers almost eighty pages, bringing our information upon this important subject up to date. Dr. W. T. Belfield next occupies fifty pages with diseases of the male genito-urinary organs and syphilis. Amputations, dislocations, etc., by J. C. Bloodgood; diseases of the kidneys, by J. R. Bradford; pathology, by A. P. Brubaker; anatomy, by Gerrish; and hygiene, by H. B. Baker, together with a practical referendum of twenty pages makes up the remainder of the volume. We congratulate publisher and editor alike upon the great success which has been attained; the four volumes for 1899 being a valuable addition to any library.

Operative Surgery.—By JOSEPH D. BRYANT, M.D., Professor of the Principles and Practice of Surgery, Operative and Clinical Surgery, University and Bellevue Hospital Medical College; Visiting Surgeon to Bellevue and St. Vincent's Hospitals; Consulting Surgeon to the Hospital for Ruptured and Crippled, Woman's Hospital, etc.; Fellow American Surgical Association, President of New York Medical Association, etc. Volume I. 749 illustrations, of which 50 are colored. New York: D. Appleton & Co., 1899.

The present edition, making the third in point of number, was begun more than four years ago and has been enlarged in scope and size and in every way made to correspond with the rapid growth of surgery. The work consists of two volumes, of which this is the first, treating of general principles, anesthetics, antisepsis, control of hemorrhage, treatment of operation-wounds, ligature of arteries, operations on veins, capillaries, nervous system, tendons, ligaments, fasciæ, muscles, bursæ, and bones; amputations, deformities, and plastic surgery. Too much cannot be said for the closeness with which the author follows up the consecutive steps of operations, from the primary anatomical considerations throughout the details of the technique. We can but regard this as a very valuable feature. Another point of great helpfulness is the employment of half-tone groups of instruments, arranged for special operation procedures, something that will be highly appreciated by students and others of ordinary experience in operative work. A general index of unusual completeness adds to the handiness of the work, which, taken altogether, may well be regarded as one of the best in the English language. The author has, and very properly so, omitted any reference to operations peculiar to the female sex, and of the eye and ear, since to-day these subjects are so exhaustively treated in special works. The volumes are of convenient size and the mechanical part of the work is perfect.

Mind, published by the Alliance Publishing Co., New York, for June, contains: The Divine Status of Woman: I. The Fountain and Its Source, Elizabeth Cady Stanton; II. Cardinal Gibbons' Misconceptions, May Wright Sewall. "The New Thought of God," Rev. R. Heber Newton; "An Exposition of Emerson's Essays," Pundit F. K. Lalan, of Bombay, India; "The Physical Basis of Hindu Metaphysics," T. E. Willson; "The Law of Life" (poem), Emily C. Gause; "The Purpose of Life," Elizabeth Calvert Hall; "A Perversion of Spiritual Powers," Charles Emmet Barnes; "The Philosophy of Mechanism," Geo. M. Wallace; "First Lesson in Divine Science," M. E. Carter; "Education and Sociology," Anita Truman; "Bearing Precious Seed," Mary H. Peabody. Editorial Department—The Ecumenial Conference, Religious Controversy, A Word of Apology (editorial), "Spring Thoughts," W. Hargrave Kelsey.

Scribner, June number, contains a description of the battle of Pieter's Hill, as seen by Richard Harding Davis with Buller's column. Also an interesting article, "With the Boer Army," by Thomas F. Milliard, giving their methods of attack and defense. "How a President is Elected," is an article by A. Maurice Low that is full of interest. "Oliver Cromwell," by Theodore Roosevelt, is concluded. "Are the Philippines Worth Having?" by George F. Beeker, U. S. Geologist, is an unusually interesting paper. Fiction is represented by "Down the Kentucky on a Raft," by John Fox, Jr.; "The Story of a Tin Soldier," by Roy Rolfe Gelson; "Tommy and Grizel," by J. M. Barrie, is continued; "Train Fourteen," a railroad story, by Louis C. Senger.

Graves' Disease.—The thyrogenic theory of Graves' disease is held by Minor, Asheville, N. C., who reports two cases of the disorder successfully treated by regulated diet, lactate and albuminate of iron and intestinal antiseptics. His chief reliance, however, is a modified form of lavage, which he describes. The patient, at bed-time, lies on the right side with the hips higher than the shoulders, the right side being insisted on in order to make the flow from the splenic to the hepatic flexures easier. With a fountain syringe he then allows from one quart to one gallon of hot water at from 100 to 105 F., or even hotter to flow slowly into the rectum, through the usual rectal nozzle, until the whole colon is full. The larger the quantity used the better, and patients soon learn to tolerate at least a gallon. This water is to be retained for half an hour, which is at first difficult, but soon becomes easy, and is then evacuated. Clinical experience and deductions from well known physiologic facts justify him in claiming that a large part of the water is absorbed by the intestinal wall, thus reaching the portal blood and therefore the liver, which it washes out and stimulates to greater activity as a poison destroyer, and increases the flow of bile, thereby aiding in disinfecting the bowel, and lessening putrefaction, if the view that this is a function of this fluid be correct. Aside from this, free diuresis is produced, and if the water be hot enough, diaphoresis as well, thus powerfully disintoxicating the system. Certainly the results of a long use of this remedy have satisfied me that such is its effect, and certainly the case in point was no exception. The lavage was for a time ordered nightly; then at longer and longer intervals as the conditions demanded, but not finally stopped for about a year. While admitting that his experience is not as yet large, he thinks that these cases safely show that some forms of Graves' disease have their origin in intestinal fermentation, and treatment directed to this factor can cure the disease.

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PREPARED ESPECIALLY FOR PRESCRIBING

The following list comprises formulae of great value to the busy practitioner.

The coating of the following Granules will dissolve in 1½ minutes.

Acid Arsenious, 1-20, 1-30, 1-50, and 1-100 gr. Medical properties.—Anti-periodic, Alterative. Dose, 1 to 2.

Aconitia.....1-60 gr. Med. prop.—Nerve Sedative. Dose, 1 to 2.

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Atropine.....1-60, 1-100 gr. Med prop.—Anodyne. Dose, 1 to 2.

Atropinae Sulph......1-60 gr. 1-100 gr. Med. prop.—Anodyne. Dose. 1 to 2.

Codeia..... ¼ gr, ½ gr. Med. prop.—Anodyne, replacing Morphia without the usual disagreeable after effects produced by the latter.

Corrosive Sublimate...1-12, 1-20, 1-40, 1-60, and 1-100 gr. Med. prop.—Mercurial Alterative. Dose, 1 to 2.

Digitalin.....1-60 gr. Med. prop.—Arterial Sedative. Dose, 1 to 2.

Ext. Belladonna, (English).....¼ gr. Med. prop.—Anodyne. Dose, 1 to 2.

Ext. Ignatia Amara.....¼ gr. Med. prop.—Nerve Sedative. Dose, 1 to 2.

Ext. Cannabis Indica.....¼ gr. Med prop.—Anodyne. Dose, 1 to 4.

Ext. Hyoscyam, (English).....¼ gr. Med. prop.—Nerve Stimulant. Dose, 1 to 3.

Ext. Nuc. Vomicae.....¼ and ½ gr. Med. prop.—Nerve Stimulant. Dose, 1 to 3.

Gelsemin..... ¼ gr. Med. prop. — Emetic, Diuretic, Cathartic. Dose, 1 to 2.

Hyoscyamia.....1-100 gr. (Crystal Pure Alkaloid.) Med. prop. —Anodyne, Soporific. Dose, 1.

Mercury Prot. Iodid.....¼ gr. Med. prop.—Alterative. Dose, 1 to 4.

Mercury Prot. Iodid.....½ gr. Med. prop.—Alterative. Dose, 1 to 2.

Mercury Prot. Iodid.....⅛ gr. Med. prop.—Alterative. Dose, 2 to 4.

Mercury Iodide Red.....1-16 gr. Med. prop.—Alterative. Dose, 1 to 3.

Morphinae Sulph......1-20 gr. Med prop.—Anodyne.

Morphinae Sulph......1-10 gr. Med prop.—Anodyne. Dose, 1 to 2.

Morphinae Sulph......1-6 and ⅛ gr. Med. prop.—Anodyne. Dose, 1 to 2.

Morphinae Sulph......¼ and ½ gr. Med. prop.—Anodyne. Dose, 1 to 2.

Podophyllin, 1-10, 1-6, ⅛, ¼, and ½ gr. Med. prop.—Cathartic. Dose, 1 to 4.

Podophyllin Comp...... Med. prop.—Cathartic and Tonic. Dose, 1 to 2.

Podophyllin	½ gr.
Ext. Hyoscyami	⅛ gr.
Ext. Nuc. Vomica	1-16 gr.

Strychnine, 1-16, 1-20, 1-30, 1-32, 1-40, 1-60, and 1-100 gr. Med. prop.—Nerve Stimulant, Tonic. Dose, 1 to 3.

Strychninae Sulph., 1-16, 1-20, 1-30, and 1-32 gr. Med. prop.—Tonic. Dose, 1 to 2.

Veratrinae Sulph., 1-12, 1-40, 1-60, and 1-100 gr. Med. prop.—Powerful Topical Excitant. Dose 1.

Zinc Phosphide.....1-6 and ¼ gr. Med. prop.—Tonic. Dose 1 to 3.

For sale by all druggists or sent by mail on receipt of price.

William R. Warner & Co.

PHILADELPHIA NEW YORK CHICAGO

Largest Pill Factory in the World.

When writing, mention the Carolina Medical Journal.

Clinical Notes.

Hagee's Cordial Cod Liver Oil Compound.—Reports from prominent physicians who are using it:

"The results of Hagee's Cordial Cod Liver Oil Comp. have exceeded my greatest expectations. It has no equal as a tissue builder and nerve tonic. It is a blessing to prescribe it."—J. H. Groce, M. D., 418 E. Gray St., Louisville Ky.

"I want to give my testimony with regard to the use of Cordial Cod Liver Oil Comp. (Hagee) on myself. I was confined to the house with a severe attack of influenza and had tried everything I knew of, but nothing seemed to relieve me till one night I tried your cordial. The result from the first dose was such that I retired to my bed and was able to sleep. I continued taking it and am now tolerably well. I have four patients who are taking it regularly now, and with good results."—J. A. Shepstone, M. D., 4846 State St., Chicago, Ill.

"I have been prescribing Hagee's Cordial Cod Liver Oil for years with very satisfactory results in many diseases where reconstructives and nutritives are indicated, as well as incipient phthisis and obscure diseases. On account of its palatability patients will take it in quantities and long enough to secure results."—G. W. Buchanan, M. D., Richmond, Mo.

"I prescribe Hagee's Cordial Cod Liver Oil constantly; in fact, it is the only form in which I prescribe cod liver oil. It is an invaluable preparation and will not disappoint those who use it."—A. M. Collins, A. M., M. D., Shelbyville, Ill.

"I have been prescribing the elegant and efficient Cordial Cod Liver Oil (Hagee) for several years and find it superior to anything of the kind on the market. My patients will have no other."—Virgil McDavitt, M. D., Quincy, Ill.

"I found Cord. Ol. Morrhuæ Comp. (Hagee) to be the remedy *par excellence* in a case of cough resulting from whooping-cough. The remedy is so palatable that patients are delighted with it. I will use no other preparation when I can get Hagee's Cordial."—J. H. Ogle, M. D., Oakshade, Ohio.

"Cordial Cod Liver Oil Comp. (Hagee) is not a new remedy to me, as I have been prescribing it for some time. I have found it to be superior to all other remedies in catarrh of the stomach, for which trouble I believe it to be specific."—T. J. Pugh, M. D., Hearne, Texas.

"Since I have been acquainted with Hagee's Cordial Cod Liver Oil, I have prescribed it exclusively whenever I have had occasion to use such a remedy. I consider it the best preparation of cod liver oil on the market."—Paul C. Skiff, M. D., New Haven, Conn.

"I am using the wonderful Cordial Ol. Morrhuæ Comp. (Hagee) more and more."—E. R. Axtell, M. D., Denver, Colo.

"Hagee's Cordial Cod Liver Oil Comp. is the best and most palatable cod liver oil preparation I have ever used."—F. Krehbiel, M. D., Delevan, N. Y.

"Hagee's Cordial Ol. Morrhuæ Comp. is the best preparation of the kind on the market. I have used it in phthisis with splendid results."—C. T. J. Giles, M. D., Piedmont, S. C.

"Hagee's Cordial Cod Liver Oil Comp. is the finest preparation of the

kind before the profession. I shall continue to prescribe it in all cases of debility, bronchitis, phthisis, etc."—L. I. Bodenheimer, M. D., High Point, N. C.

"I have been using Hagee's Cordial Cod Liver Oil Comp. for the past three years, and the longer I use it the better pleased I am with it."—W. A. Wright, M. D., Readfield, Maine.

"Cordial Ol. Morrhuæ Comp. (Hagee) is the most palatable cod liver oil preparation on the market. I use it with good results."—H. A. Elliott, M. D., Barnet, Vermont.

"I feel no hesitation in placing Hagee's Cordial Ol. Morrhuæ Comp. at the head of the list of cod liver oil preparations. It is palatable and easily assimilated, and I can conscientiously recommend it in tubercular and neurasthenic conditions."—W. F. Sterman, M. D., Winterset, Iowa.

"My experience with Hagee's Cordial Cod Liver Oil Comp. has convinced me of its value in the after-treatment of influenza and similar conditions."—A. B. Morrill, M. D., Concord, N. H.

"The combination of the agents contained in Hagee's Cordial Cod Liver Oil Comp, is admirable, and I take pleasure in prescribing it when indicated."—S. H. Duley, M. D., Morris, Minn.

"I am so well pleased with Hagee's Cordial of Cod Liver Oil Compound that I now prescribe it altogether.'—T. J. Smith, M. D., Bridgeton, N. J.

"I have never prescribed a medicine that has given such good results in so short a time as Hagee's Cordial Cod Liver Oil Comp. I have come to consider it a cure for consumption. all debilitating diseases and grippe in all its periods. An old lady seventy-four years old, much debilitated and emaciated, was cured of a severe cough by only two ounces of Hagee's Cordial, and wanted to know why I had not given her this syrup before. A girl eighteen years old with inflammation of lungs, and given up to die by five different doctors, was relieved by your cordial. Your remedy has done miracles, and many of my patients will take nothing else."—J. B. A. Tanguay, M. D., Providence, R. I.

"I am acquainted with Hagee's Cordial Cod Liver Oil Comp., and regard it very favorably. I shall continue to prescribe it when I find opportunity."—J. B. Brooks, M. D., Hot Springs, Ark.

"I gave Cordial Cod Liver Oil Comp. (Hagee) to my son, who was much run down. He began to improve right away, and after the second bottle he was so much improved that I have heard no further complaint. In several other instances where I have prescribed it I have been well pleased with the results. I shall continue to prescribe it when I have patients requiring such a remedy."—J. S. Knott, M. D., Dallas, Texas.

"I have prescribed over fifty bottles of Hagee's Cord. Ol. Morrhuæ Comp. in the past year. My patients are invariably able to take it and with most excellent results."—D. B. Coxe, M. D., Riverside, R. I.

"I have used Hagee's Cordial Cod Liver Oil Comp. with most excellent results. It is palatable, easily assimilated, and a fine nutrient."—Wm. J. Packwood, M. D., Buffalo, N. Y.

The Ways of Providence. WIDOW JACKSON: "W'y, it was like dis way, parson. My husband wen up on de hill-top to pray for rain and got struck by lightning."

PARSON JOHNSON: "But yo' musn't lose faith in prayer, sister."

WIDOW JACKSON (complacently): "Oh, no, parson! Dat proves de Lord do answer prayer. Not always in de way we ask for it, but in a way dat'll be best for all hands."—*Judge.*

Therapeutic Experiences and Suggestions.

The object of this department is to afford the profession an opportunity to discuss, pro and con, the newer therapeutic agents.

Why I Use Pepto-Mangam "Gude." An Experimental Demonstration..* —By Wm, Krauss, Ph. G., M. D., Memphis. Director of the Microscopic Laboratories, Memphis Medical College; Pathologist and Visiting Physician to St, Joseph's Hospital, etc., etc.

Some five years ago I wrote a paper to the *Memphis Medical Monthly*, giving a resume of the evolution of the iron compounds, and appended a report of cases giving blood counts, etc. The manufacturers of the preparation I preferred saw fit to reproduce the case reports in their pamphlets, but said nothing about the reasons that induced me to prefer their product.

At a recent meeting of physicians and pharmacists I was criticised for opposing the use of ready-made compounds, while still advocating the use of Pepto-Mangan "Gude," which is a proprietary preparation. I hesitated considerably about bringing the matter up again, because I dislike to build up a reputation as an endorser, *and have never in any other instance written an arttcle endorsing a proprietary preparation.*

I hope however, to show you this evening that there is no pharmacopœial preparation that meets the requirements of an ideal iron compound, and, until this is found, I intend to continue to use what has never disappointed me, and is not based upon mere faith. The work of Bunge is too well known to be now quoted, and I will only make a few experiments before you this evening and show the reasons for the faith that is in me. There may be other proprietary iron compounds, and doubtless there are, that will come up to the same requirements, but I see no advantage in swapping the devil for the witch.

It is not necessary to repeat all the tests with all the official iron preparations, because they are devisable into groups, all the salts of one group behaving very much alike toward the gastric and intestinal juices.

An ingenious theory recently put forward regarding the action of the mineral salts of iron is, that they decompose the substances in the intestinal tract which precipitate the *food iron* so that it may be absorbed. This is the only rational explanation of the fact that we do occasionally get results from them. On the other hand it is far more rational to use an iron compound that can be, and is absorbed, for then we are reckoning with known quanities, instead of blundering along, giving more iron at a dose than is contained in the entire body, and incidentally deranging the digestive functions by precipitating the gastric, pancreatic and intestinal juices, and producing constipation by reason of the very astringent nature of some of the iron salts.

Beginning with the organic double salts, of which the scale salts are represntatives, we notice upon the addition of this gastric juice, that a precipitate is formed; the double salt is decomposed and ferric salt remains, which is insoluable, both in gastric and intestinal juice.

* Read before the Memphis Medical Society.

The tincture of ferric chlorid will precipitate some of the gastric constituents, though most of the iron will remain in solution in the hydrochloric acid; the iron still in solution will not be absorbed, because its non-diffusibility is taken advantage of in the manufacture of *dialised iron*, the acid passing through the animal membrane; when the iron finally reaches the intestine, the alkalin carbonates promptly precipitate it. Ferrous sulfate behaves similarly. In both instances, as you see, the very insoluble ferric oxid is finally formed. If you have ever tried to remove iron stains from your water pitcher, you have some idea how insoluble it is.

The insoluble compounds, like reduced iron, or Vallet's mass, only serve to render inert the arsenic with which they are usually prescribed; if dissolved at all in the stomach, they are re-precipitated in the intestines.

Taking now Gude's preparation, we find it soluble, not only in all these reagents, but also in a mixture of them. Potassium ferrocyanid readily gives the iron reaction, excess of ammonia will separate it, redissolving the manganese, which is then recognized by the color of its sulfid; the alkalin copper solution gives the reaction for pepton, showing that is what the label says. It mixes with arsenious acid, forming a perfect solution, thus giving us a most useful hematopoietic agent. The soluble alkaloids are perfectly soluble in it, as is also mercuric chlorid. Being a pepton, it is readily diffusible by osmosis.

The only disturbing agent in the intestinal tract is hydrogen sulfid; This will precipitate it, but presumably, much of the iron must have been absorbed before it encounters this gas; if not, appropriate agents should be used for its eliminarion.

Therapeutically, it does not nauseate, constipate, discolor the teeth, precipitate the digestive agents, nor become inert from contact with them. As to the clinical results, I need not add anything to the many reports already on record.

SMITHLAND, IOWA, April 16th, 1900.

Eumetra Pharmacal Co., Detroit, Mich.

Gentlemen:—When I received the sample box of Eumetra which you kindly sent me, I had just been called in consultation in a case, and as the patient was and had been suffering a great deal, I was, by request, asked to take charge of the case. On examination, I found fibrinous masses being ejected from the vagina, resembling the size and shape of the endometrium. She also complained of soreness of right ovary, being so tender that she could hardly bear to be touched. Concluding this would be a good case to try Eumetra, I commenced with it the next day. Now she has just passed her second menstrual period and she says all soreness has left the right side and she passed the easiest period she has done for two years, so I am free to admit in a practice of 39 years I have never found anything in the many new remedies that are coming into vogue that pleased me so well as Eumetra.

Hoping everyone who uses it will have as good results from it as I have had, I remain,

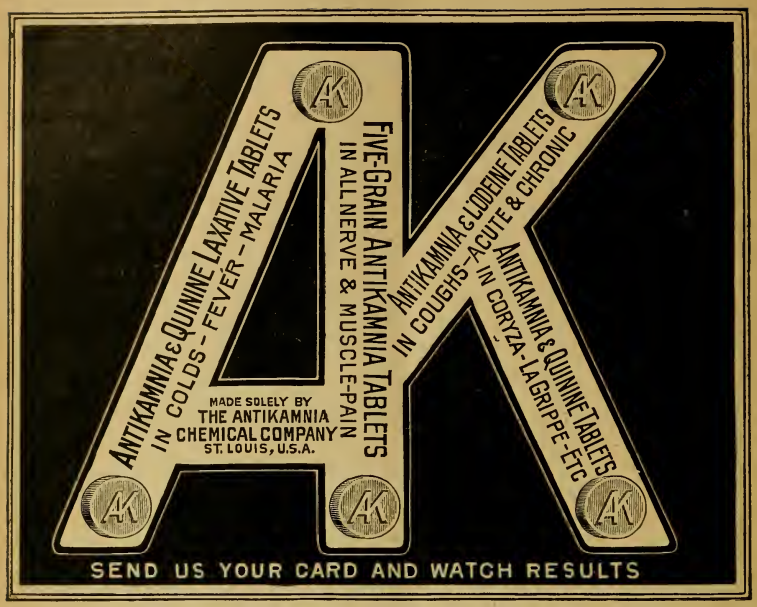
Fraternally, etc.,

S. C. FOWLER, M. D.

Held Up. MRS. JAGGS(time 2 A.M.): "What in the world kept you so late?"

MR. JAGGS: "W-wwhy (nic), m' dear, jus' as I was comin' (hic) 'long, firsht shing know'd was held up by shix or sheven highwaym'n on (hic) darksh street."

MRS. JAGGS: "Well, it's a good thing they happened to be there to hold you up. You never could have done it yourself."—*Chicago News.*


ANTIKAMNIA & QUININE LAXATIVE TABLETS
IN COLDS - FEVER - MALARIA
FIVE-GRAIN ANTIKAMNIA TABLETS
IN ALL NERVE & MUSCLE-PAIN
ANTIKAMNIA & CODEINE TABLETS
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IN CORYZA - LA GRIPPE - ETC
MADE SOLELY BY
THE ANTIKAMNIA
CHEMICAL COMPANY
ST. LOUIS, U.S.A.
SEND US YOUR CARD AND WATCH RESULTS

Caution Regarding Heroin.—The April *Druggists' Circular and Chemical Gazette* says in substance: Under the above heading, we mentioned in our March issue two cases in which persistent vomiting followed the use of this drug, in one of which a fatal termination was at least partly chargeable to this action. These cases, as we stated in our note, were reported by Dr. Thomson, in the *New York Medical Journal.* This report has brought to the *Journal* from Dr. Wm. J. Robinson, a statement of two cases in his own practice, of a similar nature. Dr. Robinson suggests that there is a possibility that heroin, which is dyacetyl-morphine, may in such cases have become transformed into apomorphine or some similar body. Dr. Manges calls attention in the same journal to a statement of his in a report on a study of heroin, that "vomiting might occur after its use." He makes it a rule to tell patients that when vomiting does occur to discontinue the drug. The doses given in the case that ended fatally he thinks were excessive. These new statements add further proof to the uncertain action of the drug; and we think that it is quite plain that it needs more watching than opiates in general. The untoward and even serious after-effects of heroin bring forcibly to mind the many excellent and time-tried remedial qualities of codeine—always safe, always certain and uniform. The combination of codiene with antikamnia presents a most desirable mode of obtaining the full value of these two excellent remedies, and there is no better form in which to exhibit them than in the well known antikamnia and codiene tablets, each containing four and three-fourths grains antikamnia and one-fourth grain codeine.

We Invite the attention of our readers to the offer made by Sharp & Dohme, to send each physician a pint bottle each of Pan-Peptic Elixir and and Benzothymol. See their offer on advertising page, iv.

The Test of Time and Experience.

30 Years of Confidence

on the part of the profession, has established beyond all question that

Syr. Hypophos. Co., Fellows

is the

Remedy—Par Excellence

in Anaemia, Neurasthenia, Bronchitis, Influenza, and during Convalescence after exhausting diseases.

Contains the Essential Elements of the Animal Organization—Lime and Potash;

The Oxidising Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a Slightly Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, *in the property of retaining the strychnine in solution*, and in the medicinal effects.

Fellows' Hypophosphites is advertised only to the Medical Profession; is *never sold in bulk*, and Physicians are cautioned against worthless substitutes.

Medical letters may be addressed to

MR. FELLOWS, 48 Vesey Street, New York.

Said the Doctor:

"I feel no timidity in starting into the Summer with *Lactopeptine* at my command; I consider every place it is kept a life-saving station."

LACTOPEPTINE, when given early enough, has prevented many a case of gastro-enteritis.

Dose—for Children:
Powder, 1 to 5 grs.
Elixir, ½ to 1 teaspoonful.

The N. Y. Pharmacal Ass'n
Yonkers, N. Y.

THE SANITARIUM, BATTLE CREEK, MICH.

INCORPORATED 1867.

THE largest, most thoroughly equipped and one of the most favorably located in the United States. It is under strictly regular management. Eight physicians, well-trained and of large experience. A quiet home-like place, where "trained nurses," "rest-cure," "massage," "faradization," "galvanization," "static electrization," "Swedish movements," "dieting," "baths," "physical training," and all that pertains to modern rational medical treatment can be had in perfection at reasonable prices. Special attention given to the treatment of chronic disorders of the stomach, and diseases peculiar to women. A special hospital building (100 beds) for surgical cases with finest hospital facilities and appliances.

Large fan for winter and summer ventilation. Absolutely devoid of usual hospital odors. Delightful surroundings. Lakeside resort. Pleasure grounds, steamers, sailboats, etc. Trained nurses of either sex furnished at reasonable rates.

J. H. KELLOGG, M. D., Supt., Battle Creek, Mich.

℞ NUT-GLUTEN BISCUIT: Made from the purest wheat gluten and nut meal. The only food on the market to-day that diabetics may eat of freely, without danger. Prescribed and endorsed by the physicians of the Battle Creek Sanitarium. Samples free to physicians when card is enclosed with the request. Others may have them for two 2c stamps.

BATTLE CREEK SANITARIUM HEALTH FOOD CO., Battle Creek, Mich.

Twenty-Third Year. JULY, 1900. Vol. 46, No. 1.

THE CAROLINA Medical Journal.

SUCCEEDING THE NORTH CAROLINA MEDICAL JOURNAL.

Published Monthly at $1.00 per Annum, in Advance.

Robert L. Gibbon, M. D., Robert D. Jewett, M. D., W. H. Wakefield, M. D.
Editors and Proprietors.
Charlotte, North Carolina.

..Mercurol..

A NEW CHEMICAL COMPOUND OF NUCLEIN WITH MERCURY

MERCUROL is particularly destructive to pyogenic organisms. It exerts a selective antagonistic action upon the Gonococcus, whether found in the urethral crypts or in the conjunctival sac. In urethritis and vaginitis of specific origin, as an antiseptic dressing in abscesses, to control suppurative conditions, and in fact wherever pus-forming bacteria exist, there Mercurol is indicated. It is neither caustic, corrosive, nor irritating.

MERCUROL
In ounce vials, per oz., $1.75
In half-ounce vials, per oz., 1.80
In quarter-ounce vials, per oz., 1.85

Literature Furnished on Application.

MERCUROL yields brilliant results in
Gonorrhea, Cystitis (use 1-2 per cent. to 3 per cent. Sol.)
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THE CAROLINA

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Editorial.

THE COUNTRY DOCTOR HIMSELF.

On the walls of our offices and in the home of our patients we often see a picture at which we never tire of looking, and of which we have grown exceedingly fond, because it represents an incident in the life of one whom we all know, and knowing love—the country doctor.

In this engraving we see him bending eagerly, earnestly, tenderly over an extemporized couch on which is lying a sick child—that is all!

But how much this little all means to that father whom we see portrayed as standing near by, watching with a half-appealing, half-despairing look every change of the doctor's countenance!

How can we gauge this child's value to that mother who has thrown herself face downward over the table in an abandon of grief?

We observe that the cabin is an humble one furnished with the bare necessities of life, but we do not find that the doctor is less grave or less thoughtful on that account. Indeed he seems to be concentrating all his energies, all his resources on the alleviation of the sufferings of his little patient; nor does he consider the return in worldly goods he will receive as compensation for his trouble—for he is a typical country physician, nothing more and nothing less!

We are all familiar with this scene; we know this father and mother, and we have treated this child; this doctor is our friend as well as the friend of that stricken family. The background of this scene may differ as may

the features of the doctor and the family, but the sentiment that this picture represents is the same here and elsewhere, to-day and yesterday, for the country doctor is essentially the same whenever he be found.

Indeed, so accustomed have we grown to him and his deeds of goodness that the name of this much beloved but, wittingly or unwittingly, greatly abused member of society has become in our minds synonomous with works of charity and heroism; with thoughts of toil unceasing and labor unrewarded; with skill and tenderness which, like the rain, falls on the just and the unjust alike; and with good solid horse sense and resourcefulness under the most trying circumstances.

From his very isolation the country doctor is, as he needs must be, somewhat after the order of the progressive physician who advertised himself as "a specialist on all the diseases of men, women and children." He is not only all of this but a great deal more. He is the friend, often the legal, and on occasions the spiritual adviser of his patients. He knows how to cure the "bots" and the "distemper" as well as how to treat diarrhœa or pneumonia. An idea of weather forecasting and a knowledge of the crops are among the acquirements which are desirable, if not necessary, additions to his stock in trade.

But above all things else he is a student of human nature—he never makes the mistake of agreeing with Mrs. Brown on pain of being considered "namby pamby." Nor does he commit the still more fatal error of disagreeing with Mrs. Smith, the lady oracle of the country side, for she in her offended vanity would not only proclaim him intensely ignorant but exceedingly ill-mannered as well.

And so it is! For a living which might more correctly be classed as an existence, men of brain, brawn and heart must toil their life away and go down to their grave leaving behind them the poor man's blessings innumerable and unprovided for (in the shape of a large family) and a book full of uncollected and uncollectable debts for his executors to sigh over. To balance all of this will be the kindly regrets, short lived though they are, of his circle of friends and patients, and the hope of a "well done, good and faithful servant," from One whose ever watchful eye faileth not to see, and whose recording angel has been kept busy entering items in the credit column of the doctor's book of life.

That the country doctor sometimes gets his reward in other than post-mortem sense is undoubted.

He figures as we have seen in the foreground of some of the most famous paintings; he furnishes the novelists with striking and picturesque prototypes for some of their most attractive characters; he is frequently the subject of eulogistic orations and essays at our society meetings; and lastly, and what counts for more than all the rest with him, he occupies a position very near the heart of his patients.

The picture business, the novel characterizations, and the society eulogisms, he would freely exchange for a moderate sum of that substance to the love of which is attributed the root of all evil; but he sets an amazing amount of store by the love and affectionate trustfulness of his patients.

It is the thought of this which warms him through many a long, cold winter night's drive; which spurs him on when he fain would lag under the influence of a burning summer's sun; which strengthens his hand and steadies his nerve when alone and unassisted, tired and well nigh dispirited, he is called upon to perform some life-saving operation.

He feels, perhaps, that he is not getting his share of the world's goods,

and he may at times lament that his collections are not sufficient to enable him to buy the books and the instruments that he deems necessary—not for himself but for his patients. Or he regrets that his funds won't allow him to take a post-graduate course when he feels he is getting a little "rusty" in certain lines. He don't complain for he knows that complaining won't remedy the matter, but hoping for better times ahead, he sometimes goes in debt to procure those things which he thinks the welfare of his patients demand, and is but too often rewarded with the censure of those he had thought to help.

And yet, with all these disadvantages, confronted by so many obstacles to thorough and scientific work, harassed at times by debt, smarting under the sting of that ingratitude which is "sharper than a serpent's tooth," working often almost in the dark, he labors on, "still achieving, still pursuing," and with so much success that some of the brightest gems in the crown of medical achievements have been contributed by the country doctor.

GONORRHEA AS A SOCIOLOGICAL DANGER.

After many years of experience with this disease the medical profession, or at least a very respectable proportion of it, have come at last to regard gonorrheal infection in a serious light. In fact the best authorities hold gonorrhea the most serious in its consequences of all the venereal diseases to which man is subject, not excepting syphilis. This is a great change over the usual views held out a few years ago, and the laity have not yet been educated up to the point of recognizing the far-reaching results of a case of "clap." With them it is too often looked on as nothing more to be dreaded than an acute coryza—disagreeable and inconvenient but possessing no after influence upon the life history of the individual or his family. It is needless to say that until this light and flippant view of the disease is modified in the minds of the public by a knowledge of the ill consequences which too often follow in the train of gonorrhea that but little can be done to suppress its dissemination. Did it inspire the same dread in the minds of men as does syphilis, for instance, it is safe to say that from being the most frequent disease encountered, with the possible exception of measles, it would be rapidly relegated to a lower position on the list of human ailments.

The translation of a paper read before the International Conference for the Prevention of Syphilis and Venereal Diseases, by Prof. Neisser, of Breslau, entitled "The Sociological Dangers of Gonorrhea," appeared in a recent number of the Louisville *Monthly Journal of Medicine and Surgery*. The paper, as translated by Dr. I. N. Bloom, of Louisville, Ky., presents in most forcible manner the modern views of the best informed men upon this subject.

As long as the evil effects were thought to be mainly confined to the male, such as epididimitis, prostatitis, disease of ejaculatory ducts, rheumatism, impotence, sterility, sexual neurasthenia, &c., &c., the results were bad enough, but since gynecologists have told us the enormous proportion of cases which come under their care as a consequence of gonorrheal infection the disease assumes the position of a veritable "sociological danger," as Prof. Neisser has termed it.

The fact that an innocent woman may become infected from her husband, who happens to be suffering at the time of marriage from a chronic

prosterior urethritis, the presence of which he may actually have overlooked, entailing upon her, perhaps, a life long invalidism as the consequence, the responsibiltty for which is sufficient to sober the individual who looks on a specific urethritis as a matter for jocular remark.

Therole played by the gonococus in the production of female disorders is such as to astonish any one who has not kept up with comparatively recent investigations in gynecological work. Quoting from the paper already referred to:

"The most severe and most frequent disturbances, if not the most dangerous, are those which arise when the inflammation reaches the serous covering of the ovaries, the uterus and its adnexa, either directly or by way of the tubes. These affections cause the swarm of women who flock to the gynecologist and to the water cures to get rid of their ever-recurring painful menstrual disturbances, colicky attacks, and neurasthenical, hysterical accompaniments. These cause the chronic cachexias and render their subjects unfit for work, for all duties so necessary for themselves, their families, and the social order, and represent the worst sequelæ of gonorrhea in women. Mal-positions and fixation of the uterus, another potent factor in sterility, are also caused by this form of the disease. When the gonorrheal affection has once passed the cervix, when the sad sequel of symptoms barely touched upon above has taken place, medical help, medical salvation is not to be thought of."

In view of the present status of this question, it is certainly the duty of medical men to disabuse the public mind of any preconceived ideas concerning the ephemeral character of a gonorrheal infection, particularly is this true as regards the young man who is desirous of a prompt cure in order that he may assume the responsibilities of matrimony. Such an authority as Lydston holds gonorrhea to be the most dangerous of the venereal diseases, "as by the medium of its sequels and complications it causes more deaths than syphilis. By comparison chanchroid is benign. Subtract the evil effects of gonorrhea from human ills and the resulting increase in human longevity and happiness would be surprising." In fact, the individual who passes through life without a gonorrheal infection may consider himself as having happily escaped, directly and indirectly, a not inconsiderable proportion to which flesh is heir.

PROFESSIONAL FEES.

There can be no doubt that the great struggle for existence among members of the profession has something to do with the value placed on the services rendered by some of them. A man with the "wolf" howling at his door is excusable for some things he may do to drive the beast away; but there is no excuse for a doctor who is making a good living to deliberately and knowingly offer to do medical or surgical practice for twenty-five per cent. of what such services are worth.

There are surgeons, young and old, who are always ready to play "Jew" and do the work a little cheaper than their neighbors. Most of these "bargain counter" fellows are "short horses" and not competent to do first-class work, but they must "get there," and to do so they deliberately disgrace the profession by reducing the price of valuable services.

In conversation with a prominent surgeon of this city a few days since the subject of fees was mentioned, and he related a circumstance which

fully illustrates the degree to which fee-cutting is resorted to, and that without any just cause. Mr. Blank wanted his wife's badly lacerated perineum restored, and called on No. 1 and asked what he would do the work for. After making inquiry into the merits of the case and knowing that the man was not overburdened with money, he told him that while the operation ought to be worth more money, that he would do it for $100. He then asked if he had seen anyone else about his wife's case. He was answered in the affirmative by the man, who said that No. 2 had agreed to do the work for $25, and No. 3 would do it for $35. No. 2 is an aspiring gynecologist, and No. 3 is a surgeon. Blank was a sensible man and concluded that Nos. 2 and 3 were too cheap to be trusted; and paid No. 1 $100 for doing the work.

Men who underrate valuable services deserve just such treatment, and the sooner the public and the general profession understand that a cheap surgeon is like all other cheap things, only a poor imitation, suffering humanity will be much better off.—*Editorial in American Practitioner and News.*

Cutaneous Grafts: Strips Taken from an Amputated Leg and Grafted with Success Nine Hours after Amputation.—Alfred L. Dupraz cites the case of a man suffering from an extensive wound of the hand. On this wound, which had been protected with adhesive plaster since the day before, the writer grafted, according to Thiersch's method, strips of skin taken from a leg amputated nine hours previously. The strips of skin had been preserved in sterilized serum. The grafts took with great success.—*Medical Record.*

Sick-Room Don'ts.—Sick people don't like to be stared at. They are morbidly sensitive. To look surprised at the change sickness has wrought is annoying, and, worse than that, it is disheartening, and makes invalids imagine their case to be worse than it is. Therefore don't stare at a sick person, and don't stand at the back of the bed to make him turn his eyes around to see you. Always sit by the bedside, for the patient feels more at rest than if you stand up tall before him. And don't whisper; don't talk in a low voice; don't follow the doctor or a caller out into the next room. The invalid will be absolutely certain that you are discussing him. Don't wear garments that rustle or are made of rough clothing, to come into contact with hands made tender by sickness, and don't wear creaking or thick-soled boots. —*Cleveland World.*

Apothegms, Etc.—To get drunk in order to get out of hell is only to twist the devil's tail.

The perpendicularity of a goat's tail may invite indelicate remarks, but the fault is not the goat's.

The cackling hen is the empty hen.

Emergencies are urgent promoters of apprehensive facility.

Self-control is not possible unless there is a space between *you* and *yourself.* The latter, of course, is impossible.

It is always right to do as you please, provided you always please to do right.

Energy is as dependent upon purpose as purpose is inseparable from energy.

Love is the music of being.

Anger sours the milk of human kindness.—*Cooper in Medical Gleaner.*

Medical News and Items.

Poor India! ! Cholera, Bubonic Plague and Famine.

Yale University will soon establish a new medical school.

$1,000,000 has been appropriated by Congress for the erection of a government hospital for the insane.

The College of Physicians and Surgeons, Chicago, has recently increased its capital stock from $100,000 to $215,000.

The Alabama Medical Journal is the name to which the *Alabama Medical and Surgical Age* has been changed.

Death of W. T. Chatham—As we go to press we learn that Dr. W. T. Chatham, of Henderson, N. C., died very suddenly.

Massachusetts has refused to abolish the death penalty, the vote in the in the house standing 84 in favor and 86 against that proposition.

10,040 Volts of electricity recently passed through the body of an electrician, rendering him insensible and burning him, but doing no serious injury.

A Very Malignant Type of Smallpox has broken out in Winnipeg, Manitoba. Eighteen cases were reported on April 27th, many of which were not expected to recover.

The Proprietors of the periodical *Success* have turned over a new leaf. They have decided to exclude all medical advertising, of whatever character from its pages. Let the rest of the lay press follow suit.

The Medical News is authority for the statement that Mrs. Mary Baker G. Eddy, leader and founder of the "Christian Science" Church, is very ill at her home in Concord, N. H., with a cancerous affection.

Dr. Samuel G. Grant, recently elected professor of Rectal and Anal Surgery in the Post Graduate Medical School and Hospital, has removed from Kansas City, Mo., to No. 58 West 56th Street, New York City.

On May 14 the Woman's Medical College, of Baltimore, graduated Esther Pak Kim, of Seoul, Korea. She is the first medical graduate in America from her native country. She will become a missionary in her native land.

A Special Expedition for the study of leprosy is to be made by the Danish Specialist, Dr. Ehlers. He will, by invitation, visit Creta, on which there are several hundred lepers, as well as Bosina and other Eastern regions. —*Medical Age.*

Metals Get Tired as well as human beings. Telegraph wires are better conductors on Monday than on Saturday on account of their Sunday rest, and a rest of three weeks adds ten per cent. to the conductivity of a wire.—*Nature and Science.*

"**When** will doctors understand that collections deferred maketh the patient dishonest?"—*Lydston.*

When will subscribers understand that payment deferred maketh ye editor tired?—*Texas Medical Journal.*

Echo answers, when?

In Connecticut there is still a law on the statute books by which a judge can compel a physician to testify in a case of what would be considered in some other states privileged communication between physician and patient. The New Haven Medical Society has taken preliminary steps looking to the repeal of the law.

Health Commissioner Reynolds, of Chicago, has declared that the use of preservatives to keep milk from souring is a direct menace to infants, and active measures will be taken to put a stop to the practice, and the names of dealers who violate the mandate of the health department will be made public.—*Philadelphia Medical Journal.*

The Most Efficient Means of Combating Tuberculosis.—Dr. N. S. Davis calls attention to the fact that the germs of tuberculosis are universally spread, and that success in combating it depends on the efficiency of our efforts to restore and maintain in their full vigor the natural conditions and processes ot vital resistance possessed by the living body against toxic agents.

Dr. A. L. Smith, in the *Canada Lancet*, says that cancer is frequent and increasing in countries where little or no attention is paid to laceration of the cervix, while it is becoming quite rare in countries where these lacerations are promptly repaired. Ferrett has conclusively proved that cancer of the cervix almost always begins in the cicatrical tissue in the angle of the wound.

The University Medical Magazine has become the official organ of the Department of Medicine of the University of Pensylvania. With new and increased facilities the magazine will be equal to the best, and creditable to the institution. If the faculty take such interest as they should, with the vast field they have to draw from, they can make a publication which cannot fail to interest its readers.

The Former Reports of the extraordinarily low mortality and freedom from complications of the wounds made by the Mauser bullets still continue to be confirmed in the most gratifying manner. One man is actually reported to be shot completely through the head, the ball entering at one temple and going out at another, and yet to be convalescing and the proportion of the wounded who died within a period of four weeks stood at the very low figure of less than four percent.

The New Dispensary Law in New York City, which seeks to limit the applications at the free dispensaries and hospitals to cases of actual poverty has not proven the brilliant success that was predicted. The difficulty of investigating even superficially the thousands of cases which apply for free treatment is so overwhelming that it can hardly be said to be attempted. The law is still in its trial stages, and later on may prove to be more of a success than is apparent at present.

Johnathan Hutchinson, in the *Archives of Surgery*, has an article on the local uses of mercury. He claims that mercury ointment, if patiently

used, will cure almost every form of chronic local inflammation. The main point is to rub in repeatedly some non-irritating diluted preparation of mercury,—an exact formula does not matter. He says that mercury added to almost any salve adds definite curing properties to it. For chronic ulcers of the leg, pustular eruptions of all kinds, sores in the nostrils, chilblains, chronic boils, and the like, yellow oxide of mercury in the strength of 8 grains to the ounce is excellent. One of his favorite formulas is as follows:

℞ Ammonii-chloride of mercury....20 grains
Yellow oxid of mercury.....10 grains
Lanolin..... 1 dram
Lard to make..... 1 ounce

To Keep the Hands Soft and White. In these days of asepsis the hands of the physician, and especially of the surgeon, suffer greatly from frequent scrubbings and immersions in antiseptic solutions. A preparation that wilt keep the hands soft and white and that will not at the same time be ineleganl to use is always in demand. The following formula will be found to be of the very best ever proposed for the purpose:

℞ Ol rosæ..... gtt xv
Glycerin..... ℥i
Spts myrciæ..... ℥iii
Ol cajuput..... gtt xx M.

Apply at night before retiring, first washing the hands thoroughly in hot water. In cold weather this can also be applied to the hands before going out.—*California Medical Journal.*

This Touching Obituary verse appears in the last issue of our high-altitude contemporary, the *Lost Creek Lyre:*

Another from our ranks hath went
Across the so-called mystic river—
Another old-time resident
Hath gone from trouble with his liver.

The soul from out its prison fled
And went, we trust, direct to heaven,
Leaving the body still and dead
At twenty minutes past eleven.
(Mountain time.)

—*Colorado Medical Journal.*

Thoughts on Habit.

Habit is not a trifle.—*Plato.*

Habit is a second nature.—*Cicero.*

Evil habits soil a fine dress more than mud.—*Plautus.*

Habit is a cable; we weave a thread of it every day, and at last we cannot break it.—*H. Mann.*

Habit, if not resisted, soon becomes necessity.—*St. Augustine.*

Hewitt—I have been threatened with appendicitis.

Jewett—Who threatened you—the doctor?

The Carolina Medical Journal.

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Illustrations necessary to elucidate the text will be provided without expense to authors when suitable ink drawings or photographs are furnished.

Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

Original Communications.

Cough. *

By EDWIN GLADMON, M. D., Phar. D., Southern Pines, N. C.

In response to a request for a paper before the section on pediatrics, I have chosen the subject, "Cough," because remarks thereon are as applicable to the age of maturity of to the age of childhood.

A cough is a signal given by the new-born babe that air has intered the lungs, and that they are now ready to perform their part in the battle of life. A cough of some kind or variety accompanies nearly every departure from the normal state of health; and when in most diseases the power to cough is lost, we know that generally it means the beginning of the end, and that life's fitful fever will soon be over. Among the myriad medical truisms presented to us in this eventide of the nineteenth century, there are none that stands out with more vivid distinctness than the fact that "cough" is a symptom and not a disease.

With the word "cough" we unconsciously associate the word "expectorant." From time immemorial a cough remedy meant an expectorant. In fact expectorant means "out of the pectus," or out of the breast. But we now know that the cause for some of the most distressing coughs that harass mankind, have no relation to the chest whatever. As this truth impressed itself more and more on the minds of medical men, efforts to fathom the etiology of cough were redoubled, and the results have well repaid their labors.

We understand now that a cough is one of nature's methods of giving an alarm that all is not well within. The various nerves governing the

* Presented to the North Carolina Medical Society at the Tarboro meeting, May, 1900.

mechanism of coughs are like sentinels that never sleep. Whenever within their domain, a point of irritation arises, the alarm is given, the lungs distend with air, the glottis closes, and the thoracic and accessory expiratory muscles expel the air like a shot from a gun. Indeed we may liken it to a shot fired by a sentry on guard. If the cause is not removed nature persists in her warnings and cough will follow cough as long as vitality lasts.

Every cough is a query, a conundrum, and its most fitting symbol would be the interrogation point. A patient with a cough is indeed a sphynx who asks questions that if we are unable to answer mean continued ill health or even destruction. Every cough asks us why, and every hack wherefore.

If in a perfectly healthy man the cervical pneumogastric be irritated by the passage of a galvanic current, no power in the individual can prevent an effort to cough. This fact, that irritation at any point along the pathway of a nerve will produce some result in the part or parts supplied by that nerve dates back to the days of Galvani. Misunderstood and often misinterpreted yet it is the key that has unlocked some of the most perplexing problems of modern medicine. And in no branch of it has the realization of this fact produced more brilliant results than in the etiology of cough.

The results of irritating a nerve purely motor or sensory in its function is well known and readily understood. But the results of irritating the vagus and sympathetic, the nerves concerned in the mechanism of cough, are so varied in extent, so infinite in variety, that an analysis of them comes near answering the problems of animal life.

When we consider how common is cough as a symptom, of how many human ailments it is an accompaniment, to what serious condition its continuance may lead, it is inconceivable how medical men for so long blundered with the idea that a cough remedy and an expectorant were synonymous.

Before entering on the pratcice of medicine, I was for several years in the drug business in Washington City. During that time I compounded probably over one hundred thousand perscriptions. In no other way could one learn how common it is with the best physicians to have an empirical formula for all kinds of cough. That statement was more true twenty years ago than it is to-day, but it is still true of more physicians than it should be.

I yet remember the names of prominent physicians whose cough prescriptions in order to economize time we prepared in large quantities, and dispensed as ordered. The term "shot gun" prescriptions describes them fairly well, and we may likewise consider them the forerunners of our latter day slot machines. You drop a dollar or two in the physician's hands, fifty cents in the druggist's, and out came your cough remedy always the same. How often in the advertisement of some quack cough remedy have you read, "the favorate prescription of Dr. Blank." There was probably more truth in this part of the advertisement than in any other.

In seeking by induction the etiologic factors of cough we arrive at the general truth that cough may be caused by an irritation, direct or sympathetic, at any point along the pathway of the nerves governing the mechanism of cough, and that this pathway extends from the brain to the pelvis.

In few places can this fact be better demonstrated than in my own home at Southern Pines. While as yet we cannot compare in numbers with older resorts, there are represented here types of "cough" patients of almost every variety.

For about two months this spring I had under observation a young lady with a dry hacking cough, and a history of frequent recurring attacks of nazal hydrorrhœa. Examination under cocaine detected nothing abnormal. Further inquiry developed a history of extreme uterine retro-flexion for which ventro-fixation had been unsuccessfully performed. Electrical treatments to correct the flexation were at once instituted, and the cough and discharge at once ceased without any other remedy.

Hysterical coughs are often met with here, and association with tubercular patients, give them often a wide variety of symptoms. Another patient a lady about 45, was sent South for an intractable cough. It proved to be an interesting case of glosso- labio-laryngeal paralysis. After a two months stay she has gone home very much improved, not because she came South but because she received electrical treatments.

I am not prepared to say, however, that the improvement is more than temporary. A case somewhat analagous, a lady about 40, had been under a specialist's care for several months for an aggravated form of cough. Repeated examination convinced me that there was an aneurysmal tumor pressing on the recurrent laryngeal nerve. She was recommended to consult a surgeon at her home in New York.

While a cough is in some cases a symptom of chronic pharyngitis, this latter may itself be but a symptom of some trouble more remote. Continued cough from any cause eventually effects the pharynx, and it may also be secondary to various gastric disorders. In turn the latter may depend on faulty excretory organs. So, in some cases, the stomach tube is a cough remedy, just as in others a pair of scissors is. And this reminds me that I often meet an uvula clipped, when the cause was elsewhere.

As you see, this paper deals more with generalities, than with details. The various etiological factors of cough, are now stated so frequently that repetition here is unnecessary. But I cannot close without strongly emphasizing the importance of local treatment, no matter what may be the origin of the cough.

If while looking at a normal pharynx you require the subject to cough, you will notice the surface assume a congested aspect, like unto the cheek of a bashful school boy. The longer the cough is continued the more suffuse with blood does the membrane become. Thus you see that in every disease accompanied by cough, if long continued, the pharynx will eventually become involved, and then have a new cause of cough. Every cough due to pharyngitis can be invariably relieved, and while it may recur, if the pharyngitis is but secondary, still as often as it does recur it can be abated.

These statements and deductions are equally as applicable to the larynx as to the pharynx. It has been to me a source of constant wonderment to see patients come here with extensive pathological lesions of the larynx and pharynx for which no local treatment had ever been attempted. There is nothing more pitiable than to see a patient with tubercular laryngitis, to whom even a teaspoonfull of water means a paroxysm of pain;and I know of nothing within the province of the physician yielding more satisfaction than the knowledge that euthanasia is possible, and the little of life left them can be spent with comparative ease.

As bearing on this subject let us take the old time remedy, cod liver oil either in its pure state, or its various emulsions with egg, gum, malt, petroleum or Irish moss. It has undoubtedly cured many coughs—how did it act?

It is not possible in any disease with any remedy, to strike an exact

balance, because the *vis medicatrix naturæ* cannot be measured. But as far as we can trace it when a dose of oil is taken, what is its mode of action! In its passage downwards it reaches the buccal cavity, the pharynx, epiglottis, œsophagus and stomach. During this passage how has it helped the lungs for instance? It has not touched them. It is true these oil globules may finally reach the circulation, and feed wornout nerves. That is very essential, but that is a property of food and not of medicine. In what other way does it help. Generally speaking I have but little use for cod liver or any other oil, but in some cases it is beneficial; in what way does it act! It helps the lungs when it gives them rest, and it gives them rest when it lubricates an irritated pharynx and thus removes a frequent cause of cough in tubercular disease. But lubrication equally as efficacious may be gotten by the application of petroleum oils and other remedies, and this too without the danger of stomach derangements that so often follow the administration of oils.

This explanation takes no account of the iodins and bromine contained in the oil. That they have value in some cases I admit; in fact some claim the whole value of oil is due to them. I have tried these remedies in their most potent form, i. e., hypodermically, and must say I think their value limited. But to come back to our question, how many physicians give the oil for its mineral constituents, and how many have a definite idea of just what they think it will do?

This question of rest for the lungs is a most important point in considering the treatment of cough. A person cannot cough without bringing into action the lungs and the muscles associated with the lungs. It is just as assential in order to heal diseased lungs, to give them rest from abnormal action as it is to give rest to a fractured limb. Anything that will prevent cough conduces to this end, and soothing the irritation of the upper air passages, is a most potent method of doing this very thing.

That people are sometimes cured of coughs by the use of patent medicines is undeniable. It is hardly likely that millions of bottles would be sold did they not possess some curative properties. I am convinced this power to cure is largely due to the opiates they contain. The most widely advertised cough syrup of our generation contains nothing but acetate of morphia and simple syrup. To give morphia for a cough as a routine treatment, is most unscientific and inexcusable; but even so, will it not in the long run yield better results than the routine treatment by a medley of expectorants. The idea that to stop a cough is injurious, is more or less prevalent. What is there must come up we are told. Now, it is true that in lung trouble the results of necrosis must be removed. But it is not true that in order to do this the patient must cough and hack the greater part of each day and night. It is necessary each eay that the contents of the bowels and bladder be evacuated, but continuous movements are not necessary to accomplish these objects. Throughout these remarks I have reference particularly to the unnecessary coughs and, excepting advanced bronchial and pulmonary disease, it is surprising how little cough is necessary.

If a naturalist were presented with a bird, to him unknown, it would require long study to properly classify it. The next time he would class it more quickly, and with extended experience he would not need to examine the whole bird; a wing, a head, or a tail would suffice. Just so it seems with many cases we meet in our little town of Southern Pines. Examination seems so unnecessary; their symptoms are so pathognomonic. But over and over again careful examinations have disclosed complications not before

thought of. Routine in treatment is bad, but routine in examination is good.

Remembering how frequently the upper air passages are a cause of cough an examination should begin with the nostrils and extend to the trachea. Then would come the chest, the ear, and stomach. Next in order we seek for swollen glands or tumors, or enlarged organs, along the pathway of the nerves; next we look for constitutional causes such as the heart, liver, and kidneys. Nor must it be forgatten that in the orifices of the body may often be found the solution of our problem.

As to the treatment of cough in infants and children, but little need be said regarding medication. Until a babe is educated (?) he knows no better than to breathe through the nostrils. The slightest cold in infants will occlude the nasal passages and then begins incessant cough and a struggle for breath. With a camels hair pencil or a pledget of cotton on a tooth pick, appropriate medication may be safely carried to the upper pharynx. Even the old familiar goose greese will yield marvelous results.

In all colds in children remember first of all to keep the nasal passages clear. Better than a knowledge of expectorants is familiarity with the use of heat and cold. Both are potent remedies and are worthy of careful study. As to medication, after thorough cleansing the intestinal tract, aconite with me holds first place in acute disorders. Some one has said the public estimates a physician's worth by the number of cures he makes; but physicians gauge the merit of each other by the accuracy of their diagnosis.

Generally speaking a physician need not be told the proper line of treatment when a correct diagnosis is made. A good diagnostican is generally a good physician, because he works with ths rifle and not with the shot gun. He shoots in the broad day light of knowledge and not in the twilight of guess work.

A physician's position in this great human machine called society is a most responsible one. He is veritably a priest of a flock. Upon him devolves the health and happiness of the human being entrusted to his care. It is his duty, backed by his Hippocratic oath, to bring to his daily task the fruition of modern therapy as far as may be in his power. But in his search after knowledge let him not forget that the microscope does not always show the cause of human suffering. Treat the patient and not the disease, nor be deterred by the absence of high priced clinical apparatus. Men have died and worms have eaten them who yielded up their blood to the microscope, and had their phagocytes and leucocytes numbered and assorted.

Remember that a sincere sympathetic interest is often more precious than a knowledge of bacilli. The truth, the whole truth should be our motto and our aim. More than that we cannot compass; with nothing less should we be satisfied.

Treatment of a Common Cold. Frank Woodbury thinks that the "neurotic element" in a common cold has been too largely ignored in the plans of treatment usually followed. With the view of acting directly on this neurotic element he has for the last two years used the following combination: Pulv. morphinæ comp., gr. xx.; acetanilidi, gr. vi.; sodii bromidi, gr. x. This is divided into twelve capsules, of which one is taken every half hour for two hours, then one every two hours. The writer has found that this will usually break up a cold in a few hours.—*N. Y. Med. Record.*

Haematuria.*

By CHAS. M. HAZEN, M. D., Professor of Physiology, Medical College of Va.

WE CAN hardly over estimate the importance in any pathological condition, supposed or real, of the chemical and microscopical examination of urinary discharge. We ought to know the quantity, specific gravity, percentage of normal constituents such as urea, urates, phosphates, chlorides, and the presence and amount of abnormal materials such as leucin, tyrosin, and those indicated by such terms as *albuminuria*, *glycosuria*, *oxaluria*, *chyluria*, *haematuria*.

The presence of abnormal coloring matter in the urine is calculated to attract the attention of both layman and physician; to be able to point out the source and clinical significance of such unusual appearances is of the utmost importance. The stain of methylene blue or the yellow from the administration of santonin are quite enough to terrify the uneducated patient; while the dark amber or blood-red shade may test to the utmost the diagnostic skill of the learned scientist to trace its source to, perhaps some simple and comparatively innocent condition of disordered digestion or torpid liver, or to malignant disease of some portion of the urinary tract.

HÆMATURIA, or the discharge of blood by the urine, is a condition which is in many cases easily and definitely recognized by the naked eye. The evidence from its microscopic appearance can be confirmed by testing for hæmic coloring matter with ozone and guaiacum' or by Heller's method by heat and alkalis, precipitating the phosphates, which are colored red by the hæmatin. The presence of albumin when other sources of albumin can be eliminated will prove the existance of blood; or if there is much excess of albumin over the hæmoglobin, it may be concluded that there is kidney disease and that the diseased kidney is the source of the blood as well as the albumin. These tests will be sufficient to prove the presence of hæmic coloring matter, even if the color is faint and uncertain. It is necessary to note also whether the blood comes before, with or after the urine; likewise whether it is bright from recent bleeding, or the coffee color of retained hæmorrhage. In some cases clots, larger or smaller, in lumps or cylindrical, will indicate by shape and size where they were formed, as perhaps in the ureter; and these clots may stop the discharge of blood and even of urine for a time; palpation of kidney, and of ureter and bladder (external or through rectum or vagina) may detect tumors or tenderness; and instrumental examination of the interior of the badder by sound or cystoscope may discover at once the cause in a stone or morbid growth; or the brilliant experiment of Kelly may be imitated, of catheterizing the ureters and demonstrating from which ureter the blood comes. It ought, however, to be distinctly noted that in a condition where the cause and locality is positively unknown we run great risk by instrumentation of the vesical interior; becsuse it is possible thus to greatly aggravate nervous symptoms and in some vesical tumors the gentlest manipulation may bring on severe and even fatal hæmorrhage.

With the microscope we search as usual for characteristic crystals, for

* Presented to the North Carolina Medical Society at the Tarboro meeting, May, 1900

mucus, pus, casts, epithelium, and shreds from morbid growths, and especially in these cases for blood corpuscles.

There are cases of hæmaturia where no corpuscles are found; this may be due to the disintegration of these elements by an alkaline urine; or the hæmaturia may be more strictly speaking a *hæmoglobinuria*, or a *hæmatnuria*. These cases ought probably to be classed separately as they arise from conditions quite different from those that ordinarily cause hæmaturia. In order to appreciate this we need to glance over the physiology of the blood-forming and blood-destroying organs; and to recall those pathological conditions in which hæmoglobin figures as a morbid product and in which the organs referred to are especially involved.

The blood is composed of the fluid portion or plasma, and of the red and white corpuscles. The red corpuscles are made up of the stroma and the contained hæmoglobin. The hæmoglobin is the oxygen carrier for the body; taking it up in the lungs, it enters into combination with it as oxy-hæmoglobin and is again disassociated from it in the tissues. The red corpuscles are formed chiefly in the red marrow of bone and have a life history of three or four weeks. Their death takes place in the spleen and liver and perhaps elsewhere. The complete metabolism of the red blood corpuscle is not thoroughly understood; it is built up like other tissues from elements furnished by the blood; its katabolism, or breaking-down, consists first in the separation of the hæmoglobin and stroma. The proteids, of the stroma, like all proteids, are oxidized into leucin, guanin, tyrosin. etc., and perhaps later to urea or uric acid. Hæmoglobin is divided into hæmatin and globin. The globin goes on like the stroma to urea and uric acid. The hæmatin gives off its iron (that precious metal, so carefully preserved by the body and used over and over again); the rest of the hæmatin, known as hæmato-porthyrin, becomes by hydration bilirubin, or "bile-red", the principal coloring matter of the bile; from it the other bile pigments are formed, biliverdin and bilifuscin. Confirming this view of corpuscular matabolism are facts that no iron is found in the bile-pigments, but liver-cells are rich in iron.

We notice as the next physiological step the very interesting one that bilirubin becomes urobilin, which is the normal coloring matter of urine. Professor Maly calls urobilin *hydrobilirubin* and has shewn that it is by the simple addition of water (as this name implies) that bilirubin becomes urobilin. Harley and Scherer call it *urohæmatin*, thus pointing out the ultimate connection between urinary pigment and the blood. Now this normal physiological process from hæmoglobin to urobilin is analogous to the pathological facts under discussion; so that we might almost expect that, since normal blood products are in health excreted by the urine, so in diseased conditions the pathological blood-waste would be thrown off in the same manner.

The diseases of which hæmoglobinuria is a symptom are those in which there is some blood dyscrasia, such as infectious fevers, purpura, scurvy, malaria. The course of these diseases may be of such intense character as to cause the mucus membrane of the urinary tract to allow the extravasation of blood, just as frequently happens to the mucous membrane of the nose; so that they may be regarded as at least a rare cause of true hæmaturia. But more usually in these conditions the general disturbance of metabolism throughout the body and (especially in malaria) injury to the red-blood corpuscles causes a greatly increased discharge of hæmoglobin. It is the toxins and in some cases the germs that produce these effects. All kinds of tissue are involved and the especial organ of metabolism, the liver, suffers in addition

to its own burden from the abnormal character of the blood with which it is has to deal. The result to the liver and spleen is seen in their congestion and enlargement and in the altered state of the blood and secretions proceeding from them. Acute hyperæmia, cirrhosis, accompanping digestive disturbances, hæmatogenous jaundice, uric acid effects, all point towards the liver as the organ that suffers from the diseases in question; and the lines of treatment ordinarily employed with success are partly directed to this as the department to be relieved and sustained until the elimination of the poison and the cessation of the disease.

On the basis of the above discussion of the nature of hæmaturia and hæmoglobinuria we are prepared to classify more exactly the conditions ordinarily known as hæmaturia, and to glance at their logical treatment.

Let us first differentiate between

(a.) Hæmaturia due to conditions lying within the urinary tract;

(b.) Hæmaturia, including hæmoglobinuria, due to conditions outside the urinary tract.

Under "a" we may note—

1. Traumatism to urethra, prostate gland, bladder, ureters, pelvis or substance of kidney.
2. Injury to the mucous membrane by parasites, such as *bilharzia Hæmatobia* or *filaria sanguinis hominis.*
3. The effect of certain drugs, as cantharides, turpentine, and of certain articles of diet, as asparagus, strawberries.
4. Disease; urethritis, prostatitis, cystitis. ureteral or renal inflammation.
5. Stone in the bladder or kidney.
6. Morbid growths, benign or malignant; urethral polypus; syphiloma, tubercle.
7. Congestion from cardiac disease.

In the second class are the hæmaturias and hæmoglobinurias due to—

(a.) Secondary degeneration from tuberculosis, syphilis.

(b.) Dyscrasia and cachexia due to cancer of other organs.

(c.) Dyscrasia and cachexia due to infectious fevers.

(d.) Dyscrasia and cachexia due to purpura, scurvy, malaria.

The treatment of the second class will be directed toward the underlying constitutional condition.

The treatment in the first class will be to remove the local cause.

In addition to any general therapy it may be necessary, if for no other reason than to allay the patient's fears, to treat the main symptom: We may prescribe—

1. Absolute rest in bed.

2. Cold, applied as near as possible to the bleeding surface; e. g., a piece of ice per rectum if the base of the bladder is involved.

3. Gentle attention to the bowels, to keep them soluble; salines, oil, enemata.

4. Diet, a moderate amount of cold water, soft food and such as will not clog the digestive system.

5. Drugs, sedatives, as potassium bromide, cannabis indica, opium, motor excitants, as ergot, nux vomica; (I have seen ergot aggravate symptoms and strychnine in the same case relieve them); astringents, witch-hazel, lead acetate, alum, sulphuric acid; turpentine is generally useful; tincture of the chloride of iron; gallic acid, tincture of guiacum; calcium chloride to increase coagulability.

Vesical bleeding may require astringent injections. Sometimes clots may have to be removed from the bladder. In some cases the bleeding should be allowed to continue, as a safty-valve in cardiac disease, or a relief to pain in malignant tumors.

This interesting condition which we know as *hæmaturia* is, of course, only a symptom. But it is worthy of discussion because it frequently rises to considerable dignity on acccount either of difficulty of diagnosis or treatment, or because of the unfavorable prognosis rendered necessary by the grave conditions which constitute its etiology.

Remarks on the Diagnosis and Treatment of Mastoiditis. *

By B. R. KENNON, M. D., Norfolk, Va.

Mastoiditis being by no means an uncommon affection and often a menace to life when it is not recognized sufficiently early and a proper treatment instituted is of unusual interest to the aural surgeon and the significance of such a condition may at times be underestimated by the general practitioner.

It is not within the scope of this paper to take up the minute details of this most serious affection but I shall try as tersely as possible to outline its most essential features, more particularly the diagnosis and treatment.

The causes may, for all practical purposes, said to be due to suppuration, either acute or chronic, in the middle ear and in every case of middle-ear suppuration it should be borne in mind that the complication of mastoiditis may arise. And further still, it should be remembered that where there is chronic suppuration of the middle ear, the mastoid cells are often affected without any subjective symptoms and caries and thinning of the bone towards the brain may take place, causing meningitis, with general or localized brain abcess, for both of which, it is unfortunately only too often that we are consulted when the patient is beyond surgical aid.

The diagnosis of the involvement of the mastoid cells when uncomplicated is comparatively easy but the amount of involvement is often very difficult to determine.

It is of the greatest importance that the condition should be recognized early because.

1. If recognized early it can often be relieved without operative intervention.

2. If not early recognized it may, and often does, cause sinus and jugular involvement, meningitis, pyaemia, etc., all of which it is almost needless to say increase infinitely the gravity of the prognosis.

When the pyogenic process extends to sinus alone, or to both the sinus and jugular, the case is a most serious one for the reason that we then have pyogenic bacteria in the lumen of the vessel which may be, and often are, carried along by the blood current causing pyaemia metastasis in various parts of the body.

* Presented to the Seaboard Medical Association at its meeting in Newport News, Va., January, 1900.

Of all the symptoms tenderness on deep pressue is by far the most reliable and constant one. While tenderness is usually present, there are a few cases in which it cannot be detected—being about 3 per cent. in about 500 cases which I have seen during the past two years in hospital practice. But we must bear in mind that mastoiditis is not the only affection which causes tenderness over the mastoid process.

In the first place there are certain individuals in whom pressue over the normal mastoid will causes considerable pain and to guard against this we should always test the normal as well as the affected side.

Then we may have very acute tenderness due to an inflamation of the periostrum over the mastoid, from furnuculoses in the auditory canal. Often these furnucles cause such a degree of swelling and pain that a satisfactory examination of the tympanic membrane is impossible and as furnuculoses in the canal is often due to an infection of the sebaceous and cerumeniferous follicles by pus from the middle ear, the differential diagnosis is then extremely difficult.

To differentiate tenderness due to trouble in the bone from that of more superficial inflamations such as otitis externa and inflammation of the eustachian tube, great care is necessary. In this examination the pressue is best made with the thumb, the fingers being to the rear and resting on the occiput. We then make firm pressure inwards and backwards and on no account forwards towards the canal, because if there is an inflammatory process there its slightest movement will cause pain. The point at which tenderness is found varies, but is more frequent over the autrum, viz., just behind the bony meatus. The next most frequent point is over the tip, and here any pressure forwards will cause pain should there be inflammation of the eustachian tube. But tenderness may occur at any point over the bone and backwards to a slight extent on the occipital, so this whole area must be carefully gone over. When there is no tenderness we have to depend largely on the appearances to be observed in the canal and to a less extent by the history of the case.

At times we can get valuable and conclusive information from this examination. If there is a sagging of the posterior superior bony canal wall the diagnosis is established because this sagging is caused by the pressure of the pus in the mastoid antrum, since it is in close opposition to, and is seperated by only a thin shell of bone from the canal. Unfortunately this occurs in only a small percentage of the cases, probably about 10 per cent. The other canal appearance is the amount, character and history as to sudden cessations of the discharge. If very profuse we conclude that the mastoid cells or antrum or both are draining into the middle ear. If there is a history of sudden cessation of the discharge, with increased pain, we may be certain that the process has extended to the mastoid structures. Pain is such a variable symptom and as in many cases the patient is unable to differentiate that due to inflammation in the middle ear from that of mastoiditis, that it is not as important as at first thought would be supposed. It may be absent, very slight and very severe. If deep seated, of a boring character and referred especially to the mastoid it is a great aid to the diagnosis.

The temperature is also very variable, so that, whereas, its presence may be of value, its absence is no indication that the mastoid cells and antrum are not seriously involved.

When present it is usually slight, being from 99½ to 102 and very occasionally reaching 105 in children. Any temperature above 103½ should lead us to suspect and look for sinus involvement, but do not under-

stand that the sinus is usually involved in these cases, for this complication occurs in only a small percentage and this is only mentioned as a warning that it may not be overlooked.

Should there be thrombosis of the sinus there is the train of symptoms usually found in pus absorption, viz.: rigors, irregular temperature curve, etc. For this reason the temperature should be taken frequently, not less than every 2 hours. As owing to its remittent and inter-remittent character and its sudden and rapid changes, there might be a sudden rise with a corresponding fall which would otherwise escape detection.

Where the thrombus extends downwards unto the jugular vein all the symptoms become more grave, viz.: The temperature higher, rigors more marked and frequent, etc., and in addition there is pain and stiffness in the neck and we are able to make out the tender and cord like jugular.

Later there occur metastasis in various parts of the body, those of the lung usually being the first to make their appearance; death, as a rule, ensuing before there is much breaking down of the lung structure.

Now, there is another class of cases which are seen late and usually occur in children, owing to the incomplete ossification and consequent softness of the bone, in which the pus has come through the bone and is collected under the periosteum. These are to be differentiated from abscess in the deeper soft tissues over the mastoid and from those cases of middle ear suppuration in which the pus has burrowed its way under the periosteum of the bony canal and escaped from the canal at the juncture of bony and cartilaginous portions, thus forming an abscess under the skin of the auricle and that over the mastoid to a variable extent. With a little care we should never be misled here, for this abscess is always to some extent under the skin of the auricle which never occurs in the subpereostial abscess of mastoid origin. Where there is an abcess in the soft tissues there is more difficulty especially is this the case in children in whom, as was mentioned above, we find a very large percentage of the cases of subperiosteal abscess. Here the presence of an uninflamed membrane tympani will decide the diagnosis. If upon cutting down upon such an abscess it is found to be merely in the soft tissues and not connected with the bone I do not consider it justifiable to open the antrum unless there is chronic middle ear suppuration.

The treatment depends on the length of time during which the condition has existed. I shall first outline the measures to be adopted in a case of short duration, where there is simply tenderness over the mastoid and mention those with special features later.

The point of primary importance is to secure thorough drainage through the middle ear. If there is not already free drainage we should anaesthetize the patient and divide the tympanic membrane in its posterior segment from the floor to the roof of the canal, allowing the knife to come outwards on the posterior superior wall for about ¼ of an inch, at the same time dividing all the tissue down to bone on the inner and upper walls of middle ear, these latter for local depletion. This may have to be repeated daily, owing to the rapidity of the reparative process in the tympanic membrane. The ear should then be irrigated every two hours with hot bichloride solution 1–5000 or more often should the discharge be profuse.

Of almost equal importance to free drainage is the application of cold to the mastoid region. This is best secured by the Lieter coil, though if this is not at hand the ice bag may be employed.

The application of from two to four leaches over the antrum has its advocates but I have been unable to detect that their application is followed

by any beneficial results. Moreover it adds to the tenderness of the parts, thereby obscuring the diagnosis.

If at the end of from 36 to 48 hours under the ice coil the tenderness has not decreased we know that there is pus in the bone which should be dealt with surgically.

Now, a word in regard to the test for tenderness after the removal of the ice coil. Usually immediately after its removal the tissues are benumbed to such an extent that we should wait for from three to four hours before drawing any conclusions. But in a few cases the tenderness is greater at first and gradually lessens for several hours after the removal of the coil.

I need scarcely mention that we must not depend on tenderness alone but should consider all of the other symptoms to aid us in the diagnosis. As to special cases:

Those in which the pus has come through the bone forming subperiosteal abscess, should be opened at once, the abscess cavity curetted and all dead bone removed. Likewise in those in which there is a sagging of the superior posterior canal wall, waiting and the application of cold is worse than useless.

I shall not in this limited paper attempt to give the technique of the mastoid operation more than to say that all dead bone should be removed and in no case should the tip of the bone be left, for whether diseased or not it will usually become so from being constantly bathed in the secretion from the wound, thus preventing healing and making a second operation necessary. The two structures most liable to injury are the lateral sinus and the facial nerve, both of which are at times injured, even though we exercise the greatest of care.

AS TO SINUS AND JUGULAR THROMBOSIS.

For the first the bone should be removed from over its wall for about an inch and the sinus wall divided in its long axis for about ½ an inch. The clot is then removed with a flexible curette until there is free bleeding from both the proximal and distal ends. The hemorrhage, which is profuse is controlled by passing a piece of gauze into the distal end and pressure of the proximal against the bone by a pledget of folded gauze. I mention this difference for the reason that if gauze is passed into the proximal side its removal in any reasonable time is usually attended by profuse hemorrhage.

When the thrombus has extended into the internal jugular vein the sinus should be dealt with as just described establishing free bleeding from above and in addition the vein should be tied off as close to the clavicle as possible and the whole vein resected.

AS TO AFTER-TREATMENT, DRESSING, ETC.

The wound should be sutured above and packed snugly, but not tightly, with plain sterilized gauze. The other dressing being the same as in any large wound in which a small amount of secretion is to be expected.

This dressing should be left on for from five to seven days, provided there are no indications, such as severe pain or temperature, for its removal. After this the dressings are to be changed as often as necessary, dependent on the condition of the wound but usually twice weekly will suffice. Complete healing should be expected in from six to eight weeks.

The Essentials of Success With Glycerinated Vaccine---A Simple Vaccination Shield.

By C. WILBOR RAY, M. D., Nicollet, Minn.

DURING my earlier experience in the use of aseptic vaccine (glycerinated) I failed, oftener than I liked, to obtain satisfactory results. I have since learned that my failures were due to incorrect manipulation of the lymph in this new form, and insufficient protection of the site of scarification. I feel it incumbent upon me, therefore, to report my experiences in simple justice to Messrs. Parke, Davis & Co., who manufacture aseptic vaccine, as well as for the benefit of any of my confreres who may have encountered similar difficulties.

By the method of vaccination formerly in vogue the cuticle was almost entirely scraped off, and about a dozen incisions were made, so that a sore arm would be altogether likely to result from this procedure alone.

The outcome did not satisfy me, and I determined to make a sure thing of my next vaccinations, at least so far as my own efforts should be concerned. Within a short time I was called upon to vaccinate seventy-nine children residing in two school districts. I first prepared some protectors by moulding discs of pasteboard into the shape of a watch crystal or shallow cup, and boiling them in filtered parafin. As water or serum cannot be absorbed by such a protector, I felt positive it would be better than the corn plaster usually employed. The latter, being made of felt, absorbs fluids readily and is untidy by reason of the adhesive material upon its under surface.

Believing that the modern method of preparing the arm is a much cleaner operation than the one I had formerly used, I merely scraped away the epidermal layer and scarified the abraded surface with six superficial scratches. The aseptic vaccine (P. D. & Co.) was then rubbed thoroughly into the scarified area and the pasteboard protectors were applied.

Eight days later I inspected the children and found that only two of the total number (seventy-nine) would require revaccination. The remainder exhibited as creditable results as any physician could wish. I revaccinated the two unsuccessful cases on general principles; for though I felt pretty certain they were immune, I wished to impress the community with the fact that I would take no chances. All of these cases did well, and every case that I have vaccinated since that time has yielded satisfactory results.

From the above facts I have concluded that my former failures could be attributed to two factors, viz: old vaccine and faulty procedure. I think my improvised protectors are the best I have yet seen. They exclude the air, protect the vesicle, allowing the sleeve to slip smoothly over it, and most important of all, they keep the lymph in close contact with the scarified area until it is completely absorbed.

Nov. 9, 1899.

A strange homicide was recently perpetrated in Philadelphia by some young men, who captured a boy and introduced into his rectum a rubber tube connected with a tank of compressed air. The inflation soon reduced the boy to an alarming condition, and his assailants fled. The boy was removed to a hospital, where an operation was proposed, but was refused by the mother. The boy died.

My First Case of Midwifery.

By RICHARD H. LEWIS, M. D. Kinston, N. C.

FORTY-FOUR years ago, I was a young practitioner in Edgecombe county, N. C.

I had not been in practice three months, before I had a run of womb troubles—flexions, anterior and posterior—versions of all kinds—prolapsus and ulcers of the *cervix uteri*—until I would have been willing to get out of the profession, but for very shame. Of course, I knew nothing of such diseases, except what I had learned from lectures and text books.

I moved from my location to a point twelve miles distant, hoping that the new settlement was free from this epidemic of uterine diseases. But they found me out there; and, besides, I began to have cases of midwifery—they call them obstetrical cases now. My first case of this latter class convinced me that I was simply a fraud—and a first-class one, at that. Though I did not transfer a history of this case to my "Case-Book", yet the memory of it is as clear in my mind to-day as on that night when I blundered. Here it is:

The woman, a slave, about thirty years of age, the mother of three healthy children, had been in labor for twelve hours, when I was sent for. The distance I had to travel was eight miles. When I reached my patient, I found a lively young darkey, an hour old, lying beside her in the bed. I was a glad boy. I assumed great dignity, and looked unutterably wise. I felt her pulse, looked at her tongue and, if they had been in fashion then, would have stuck a themometer under her tongue, for the temperature. Mind you, the woman was in perfect health, lively as a cricket, and nothing the matter with her.

I pronounced her doing first-rate, and went up to the overseer's house for dinner. While there, the overseer, with an anxious expression of countenance, asked if I thought anything could be done for the woman, and said that, in his opinion, she was in a very dangerous condition—that he had never heard of such a case before. I hesitated before replying, and began to think.

I was frightened. I thought I had made an awful blunder somewhere in my diagnosis. So I assumed a serious aspect of countenance, and said that we would attend to that part of the business after dinner.

We ate leisurely and then had a smoke. But before the pipe was finished, a messenger came up from the cabin, saying that the negro midwife was very anxious to see me. I put on more airs, and stopped to talk a little about the crop with the overseer, and then sauntered leisurely down to the cabin, tremendously upset in mind and fearing something dreadful.

The midwife insisted on my making an examination of the parts and see what could be done for the "poor woman."

I turned pale, I know I did; for I felt pale. But I moved promptly to the bedside and took a look at the parts. To my intense horror I saw that the womb was everted and the fundus, "wrong side outward", was presenting between the lips of the vulva!

Now, what? In a flash all that I had ever heard in lectures or read in books vanished from my memory. I was as helpless as the negro infant

lying there. With fear and trembling I felt of the protruding mass. It seemed to be a thin bag filled with large cords.

I knew that the uterus belonged above, so I made a gentle thrust at it, pushing it towards its destination. It gave such an uncanny feeling to my hand that I hastily withdrew it. As I did so, the terrible thing followed my hand and and tumbled out on the bed—and there lay the Placenta.

Berlin Letter.

By W. O. NISBET, Waxhaw.

OF the medical clinics of the University of Berlin those of Gerhardt, Heubner, Senator and von Leyden occupy foremost place. The most obvious and impressive characteristic of this groupe of great clinicans is thoroughness. Every known diagnostic light is thrown upon each case; differential points are clearly cut and of practical clinical value. Herein lies the explanation of the high position the Germans occupy in the medical world of to-day.

Gerhardt, while not positively affirming the bacillary origin of acute articular rheumatism, insists that reasoning from the known bacteriological causation of many of the other forms of arthritis, the probabilities are that rheumatism has a similar etiology. The salicion preparations are regarded as specific and always form basis of treatment. In erysipelas Senator prefers subcutaneous injection of a 5 per cent. carbolic acid solution around the infected area to zig-zag sarification and local application of the same remedy.

Heubner employs intra-tonsilar injections of 3 per cent carbolized solution in acute tonsilitis and abortive and rapidly curative effects are obtained. He also makes spinal puncture in both tubercular and cerebro-spinal meningitis, and maintains that thereby the lives of a small percentage of otherwise hopeless cases are saved. Microscopical examination of extracted fluid frequently, but not always, reveals the presence Eberich bacillus or diploccus intra-cellularis.

Von Bergmonn uses intra-cerebral injection of tetanus serum in cases of tetanus, but the results are not favorable.

Dr. Pierkowsky's Test (published in October, 1899 number Philadelphia Medical Journal) for early diagnosis of typhoid fever is here regarded as very trustworthy; often establishing diagnosis on third day of the disease. Has been employed in 64 cases, and in each typical typhoid colonies were present.

In diseases of stomach and bowels are a number of active workers. Most prominent among these are Ewald, Boas, Rosenheim, Colinheim and Strauss. Heretofore it has been very difficult to estimate with exactness the total quantity of stomach contents in cases of achylia gastrica. Matthieus' formula is reliable only in cases of hyperacidity; so Dr. Colinheim maintains, and has modified the Matthien formula so that estimation of contents in cases of anacidity is very easily done. Space will not allow me to describe the method in detail.

Chronic ulcerative gastritis with anacidity is now regarded as a distinct disease, and differs in anatomical and physical signs from both peptic ulcer and atrophic gastritis. It is an erosion of the superficial gastric mucosa, and test breakfast of stomach contents in this disease gives following results: Reaction slightly acid or neutral; total acidity very low; H. Cl., negative; ferments nega-

tive or weak. Stomach washings usually bring away shreds of superficial mucosa, which under the microscope can be easily recognized. Under properly restricted diet, rest and large doses of subnitrate of bismuth these cases usually readily recover.

Berlin, May 25, 1900.

Notes on the Plague in China and India.

By JOSEPH MARSHALL FLINT, of the Johns Hopkins University.

The June *Bulletin* of the Johns Hopkins Hospital contains a very instructive illustrated paper under above heading from which we quote as follows:

The native and European quarters of the city of Hong-Kong presents a strange contrast, for the European districts, from a sanitary point of view, are probably unexcelled in any city in the Orient; but the native quarter, notwithstanding some fairly broad, clean streets and new buildings, is really a whitened sepulchre. Here, in the tenements and side alleys, the coolies live in indescribable filth; the segregation and overcrowding being so great that at night the overflow sleeps in the streets. Many of these in the native districts are so narrow that one walking with outstretched arms can almost touch the buildings on opposite sides of the road. The houses are three or four stories high and originally contained fairly large-sized rooms. The Chinaman, however, with his naturally frugal mind, sub-divides them by cheap wooden partitions, and makes four rooms for one. With the decrease in the size of the rooms goes an increase in the number of their occupants, so that in one poorly ventilated tenement from 30 to 40 natives are huddled together, with less than 150 cubic feet of air-space per capita. As yet the coolie has not learned even the rudiments of personal hygiene, and the Chinese enjoy the unenviable distinction of being one of the filthiest peoples on the face of the earth. Apropos to this trait, some one has fitly called them practical Malthusians. One day in Hong-Kong we counted 14 coolies pulling and pushing a meat-cart that could have been drawn easily by a single horse; so, in a country where man and the horse show in a commercial ratio of 14 to 1, little in the way of civilization or personal æsthetics can be expected. As a rule the common coolie never cleans either himself or his houses.

In speaking of these questions Lowson* says: "At the beginning of the outbreak a majority of the houses were in filthy condition. When to a mixture of dust, old rags, ashes, broken crockery, moist surface soil, is added fæcal matter, and the decomposing urine of animals and human beings, a terribly unsanitary condition of affairs prevails; and that this is no overdrawn picture of what was to be met with in Tai-ping-shan, many Europeans now know to their cost." One must recall, moreover, that Hong-Kong is Europeanized China, and that the conditions prevailing there do not compare with those found in Canton, for example—a typical Chinese city like those in

* Lowson: J. The Epidemic of Bubonic Plague in 1894. Medical Report, Hong-Kong, 1895.

other parts of the Celestial Empire. Indeed, in comparing it with Canton, there is something almost Utopic about the sanitary condition of the native quarters of Hong-Kong.

Once begun, the epidemic was fought by the following general sanitary measures: (1) Removal of the sick and dead. (2) Temporary segregation of those exposed while the premises were being disinfected. (3) Cleansing and disinfecting of "infected premises." (4) Disinfection of clothing. (5) General cleansing and limewashing of all tenement houses. (6) House-to-house visitation. (7) Disinfection of public latrines. These measures were all carried out with a considerable degree of success—much more success than attended the similar ones established later in India. This is due partly to the fact that the Chinaman is more easily bullied by the sight of power than the Hindu, and partly because the customs offended by the plague regulations are, in China, for the most part merely personal and are neither national nor religious.

During the height of the epidemic the medical staff had more to do than it could accomplish, but by the aid of a number of British soldiers, especially assigned to plague duty, managed to keep up the routine work necessitated by the sanitary plague regulations. In this work the greatest opposition came from the unwillingness of the Chinese to send patients into the hospitals and the resistance they made to house-to-house inspection. In the secretion of cases, moreover, they often went to unheard-of extremes, and the district inspectors in their search for patients often saw sights that it seems almost impossible to believe. Dr. Lowson says, for example: "To overpaint the pitiable surroundings associated with plague work at the commencement of the epidemic would be impossible. I have entered a long, low cellar without any window opening, and with air entering only by a square open shaft from the level of the roof three or four stories high. Down one side of the shaft ran a broken earthenware drain-pipe, leaking freely, the contents streaming down the wall of the air-shaft to a shallow pool of filth which crossed the undrained floor of earth. Although it was broad daylight outside, a lantern was necessary to see one's way. On a miserable sodden matting, soaked with abominations, there were four forms stretched out. One was dead, the tongue black, and protruding. The next had the muscular twitchings and the semi-comatose condition heralding dissolution. In searching for a bubo we found a huge mass of glands extending from Poupart's ligament to the knee-joint. This patient was beyond the stage of wild delirium. Sordes covered the teeth and were visible between the blackened and parted lips. Another sufferer, a female child about 10 years old, lay in the accumulated filth of apparently two or three days, unable to speak owing to the presence of enlarged cervical glands. The fourth was wildly delirious and was constantly vomiting. The attendant, the grandmother of the child, had a temperature of 103 degrees F. and could only crawl from one end of the cellar to the other. She was wet through and was herself doomed. This is no fancy sketch but a true picture of how we found some of the patients at the outbreak of the scourge in Hong-Kong. No one unfamiliar with the horrors of the coolie accommodations in China could credit how the poor live in Hong-Kong, or could imagine how the horrors of their everyday life were intensified by the plague." In disinfecting some infected premises one day Dr. Lowson told us that in one room the inspectors were forced to dig through two feet of dirt and human excreta to reach the floor.

The mortality from plague in Hong-Kong among the Chinese varies be-

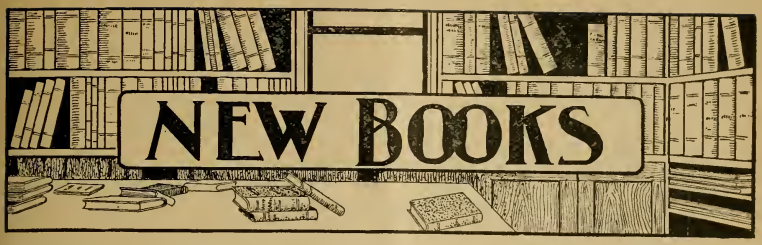
tween 91 and 93 per cent., so that almost all of those attacked, no matter what their treatment, die.

Between the plague in China and India there are many points of difference which depend, it seems, partly on the character of the natives. In China the pest is more fatal than it is in India, the death-rate among the Chinese being 93 per cent. and only about 82 per cent. among the low-caste Hindus, who are the heaviest sufferers from the disease in India. The general standards of life and personal hygiene are much lower among the Chinese than they are among the Hindus; but for some reason the epidemics are so much greater in India that the terrible effects of the disease are more obvious and its many horrors are impressed on the observer by the magnitude of the sufferings of the natives. Since the first outbreak in India, in 1896-7, the death-rate has constantly increased each year, until, in 1899, more than 50.-000 people died of plague in the City of Bombay alone. Moreover, the disease has now spread in a large part of India and has appeared in Bengal, Madras and many points in the Bombay Presidency. The really serious part of the question is that apparently it is still on the increase, and precisely what the end will be no one at present can foretell.

The Plague is reported again in Brazil, several cases having been discovered during the past week in Rio de Janeiro. A case has occurred at Durban in the person of an East Indian employed in the army tronsport service.—The first death of a white man at Manila from bubonic plague occured on May 21st. The victim was a government teamster. Seven natives have died since the outbreak of the plague at Quiapo Market.—In San Francisco the house-to-house inspection of Chinatown was continued by the inspectors of the board of health during the first part of the week, but no case of bubonic plague was discovered. The United States circuit court has issued an order restraining the health officials from inoculating the Chinese. The Colorado State board of health has established a quarantine against California. In Sydney, N. S. W., there have been two hundred and forty-seven cases of plague since the beginning of the epidemic, eighty-nine of which have resulted fatally. The disease has appeared again in Osaka, Japan.—*Medical Record.*

The Occasional Advantage of Long Hair.—If we may judge from a story recently reprinted in the *New York Times* from the *Anaconda Standard*, there may be a decided advantage on occasions in having long hair. It is that of a drunken Cree Indian who crept in behind the switchboard of an immense electric power house, to sleep off the fumes of his fire water, and for the time being shut off the electrical supply of the city of Butte. He was speedily rescued, and found to be uninjured. His escape was attributed to the fact that his long hair, worn in a braid had been drenched by the rain, and, coming alone in contact with the the electrical current, had short-circuited it.—*N. Y. Medical Journal.*

The Plague in San Francisco. The reports from San Francisco at the time of our going to press are somewhat contradictory, but, on the whole, we gather from them that there is at present really no bubonic plague in the city. Nevertheless, "Chinatown" undoubtedly ought to be radically cleansed, and there is good reason to believe that that will be done promptly.—*N. Y. Medical Journal.*



A Hand-Book for Nurses.—By J. K. Wilson, M. D. American Edition, under the supervision of A. A. Stevens, A. M , M. D. Cloth bindings, $1.50 net. W. B. Saunders, 925 Walnut St., Philadelphia, Pa.

This is a practical little volume of 400 pages, written especially for nurses. In it will be found such information as a practical trained nurse ought to be familiar with. This hand-book has many excellent qualities. In offering such a book, the question of scope is important. There is always danger of offering too much, and as much danger of being too brief, but in our opinion this book is the happy medium, in that it contains just enough not to be superficial and not too much that one will be hindered with long terms, etc. It is concise and to the point.

The Surgical Diseases of the Genito-Urinary Tract, Venereal and Sexual Diseases.—A Text-book for Students and Practitioners. By G. Frank Lydston, M. D., Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology in the Medical Department of the State University of Illinois; Professor of Criminal Anthropology in the Kent College of Law; Surgeon Chief of the Genito-Urinary Department of the West-Side Dispensary; Fellow of the Chicago Academy of Medicine; Fellow of the American Academy of Political and Social Science; Delegate from the United States to the International Congress for the Prevention of Syphilis and the Venereal Diseases, held at Brussels, Belgium, September 5, 1899, etc. Illustrated with 233 Engravings. 6½x9½ inches. Pages XVI—1024. Extra Cloth, $5.00 net. Sheep or half-russia, $5.75 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St. Philadelphia.

Dr. Lydston has issued a volume that is in every way creditable to him, and it is not too much to say that it will rank as one of the classics upon this subject in the English language. The work is very comprehensive, covering the entire subject of Genito-Urinary diseases, and devoting considerable space to the consideration of surgical affections of the kidneys. The wide experience of the writer and his intimate acquaintance with the literature of his subject have been drawn upon to produce a work that, for the time being at least, will prove an authoritative standard. In addition to a thorough treatment of the ordinary matters usually found in books of this character, the author discusses at some length the different types of defective development of the sexual organs and sexual perversion. Dr. Lydston is original and practical and has a most happy style of expression that adds much to the interest with which his work will be read by the profession. The mechanical and illustrative features of the work leave nothing to be desired.

Notes on the Modern Treatment of Fractures.—By John B. Roberts, A. M., M. D., Professor of Surgery in the Philadelphia Polyclinic, etc. New York: D. Appleton & Co. 1899.

No subject of general surgery is of greater practical importance to the average practitioner than that of fractures. Nowhere does the exercise of skill and good judgment show to better advantage, or want of skill display

itself in a more obvious fashion, to the disfigurement and often greater or less disability of the patient and loss of reputation upon the part of the surgeon. While it is always well for the practitioner to be familiar with the best methods as practiced by men eminent in this branch of surgery, it must be remembered, to use the words of the author, "a blind reliance upon therapeutics, dogmas and the adoption of routine measures without the due consideration of the mechanical and pathological problems presented, have lead to many disasters in this department of surgery." On the other hand, to quote again from the author: "Complete reduction, exact restitution of contour, and perfect retention are the conditions of full success in the treatment of fractures. Deformity, impairment of articular movement, non-union and neuralgic pains are remote results of failure to obtain these desirable conditions." The author gives some valuable points in chapter five on False Doctrines in the Treatment of Fractures. He looks with disfavor upon the use of a bandage next to the skin before the application of the splint, and delivers himself as follows upon the important subject of passive motion: "If the joint is involved in the line of fracture passive motion at an early stage will not prevent anchylosis, but many increase it by causing a greater degree of arthritis; if the joint is not invaded by the fracture line early passive motion is not needed, because anchylosis will not occur unless violent inflammation of the soft parts arises, which inflammation passive motion is more likely to increase than decrease. In accordance with this view no vigorous passive motion should be made earlier than two or three weeks in any case." The work bears the impress of an independent thinker and a man of practical experience and will well repay a most careful perusal.

Surgical Pathology and Therapeutics.—By John Collins Warren, M. D., LL.D., Professor of Surgery in Harvard University; Surgeon to the Massachusetts General Hospital. Illustrated. Second Edition. With an appendix containing an Enumeration of the Scientific Aids to Surgical Diagnosis, together with a Series of Sections on Regional Bacteriology. Price, cloth, $5 net; half-morocco, $6 net. W. B. Saunders, 925 Walnut St., Philadelphia.

No one now will question the importance of a practical familiarity upon the part of the surgeon with surgical pathology and bacteriology, in fact the importance of the subject is very generally recognized by surgeons and is more and more appreciated by students. "No young practitioner," says the author, "can be regarded as thoroughly equipped for surgical work who is not both a good pathologist and expert bacteriologist."

Professor Warren has in this new addition of his popular work made additions which will prove quite acceptable. The important changes have been embodied in a new appendix, which replaces the old one and the chapter on antiseptic surgery which was included in the first edition. Herein the author presents, in a practical manner, the resources of surgical pathology. In order to make the book of value to specialists in many of the departments of medicine, a series of sections on regional bacteriology is presented, in which is given a description of not only the flora of the effected part, but also the general principles of treating the affections which they produce, based upon the latest views of the best authorities. The illustrations, most of which are original, and the beautiful typographic execution of this work merit the highest commendation.

Manuel Complet de Gynecologie Medicale et Chirugicale: par A. Lutaud, Professor Libre de Gynecologie, Medicin adjoint de Saint-Lazare, &c. Paris; A. Maloine, 1900.

This is the fourth edition of a work that has enjoyed much favor in France. Although it is called a "manuel," it is a more ambitious work

than is usually represented by our handbooks: it contains nearly 700 pages and many illustrations, and is really a complete treatise on gynecology. A prominent feature, unfortunately often wanting in French medical works, is the recognition given to foreign gynecologists. One finds the methods of Martin, Freund, and Hegar in Germany, of Sims, Emmett, and Kelly in America, described with as much stress as those of Pean, Pozzi, and Segond. It is characterized by the virtues common to most French scientific works—beauty and order of presentation, and clearness of style. The author has written with an eye to the needs of the practitioner, so that non-surgical methods of treatment have not been neglected. The illustrations, while, perhaps, leaving something to be desired from an artistic standpoint, are clear and serve their purpose excellently. The book may be warmly recommended to any one who desires a French work on gynecology.

Injuries to the Eye in Their Medico-Legal Aspect.—By S. Baudry, M. D, Professor in the Faculty of Medicine University of Lille, France, etc Translated from the original by Alfred James Ostheimer, Jr., M. D., of Philadelphia, Pa. Revised and edited by Chas. A. Oliver, A. M., M. D., Attending Surgeon to the Willis Eye Hospital; Ophthalmic Surgeon to the Philadelphia Hospital; Member of the American and French Ophthalmological Societies, etc. With an adaption of Medico-Legal chapter to the Courts of The United States of America, by Charles Sinkler, Esq., Member of the Philadelphia Bar. 5⅝x7⅞ inches. Pages, x—161. Price, extra cloth, $1.00, net. Philadelphia, Pa.: The F. A. Davis Co., Publishers, 1914 16 Cherry St.

This little book of 160 pages is a translation from the French, and the value of its contents may be estimated from the fact that such a high authority as Dr. Oliver has undertaken its presentation to the English-speaking profession. The book has earned a deserved repuation in France, where it has appeared in the second edition. From the nature of the subject traumatic lesions of the eye and surrounding tissue are alone dealt with. Part III is a valuable chapter dealing with simulated or exaggerated defects of the eye; and Part IV treats of medico-legal expert testimony. The carefullness with which the author has investigated his subject may be estimated from the fact that the bibliography gives 165 references. We are sure this little book will prove of value to not only the Ophthalmologist, but to coroners and physicians who are in any way interested in medico-legal questions.

Scribner for July.—"The Relief of Ladysmith" in this number, by Richard Harding Davis is probably the most brilliant piece of war correspondence since his famous story of the fight at Las Guasmias. He gives a vivid picture of the privations and constant danger in the besieged city, and shows how difficult it was for General Buller to make his way through the surrounding hills that afforded the Boers an almost impregnable natural defence. The illustrations are from photographs taken in the city and country round about.

"The Boer as a Soldier," by Thomas F. Millard, the correspondent who has been on the Boer side throughout the war, shows that many of their defeats have been due to the "dominance of individualism in the ranks, and a lack of willingness to leave the conduct of affairs to the proper leaders.

Senator Hoar contributes an entertaining article on "Harvard College Fifty-Eight Years Ago."

"The River People," by Dexter Marshall, describes the habits of life of those whose days are spent in the little floating arks that are such familiar features of the Ohio and other great inland water courses—illustrated.

The short stories are "The Vain Shadow," by Duncan Cambell Scott, the scene of which is the great Hudson Bay region; and the College Club Theatricals, by Charles Warren.

Review of Medical Progress.

Abortive Method of Treating Bubo.—(By Prof. Orville Horwitz, M. D., Philadelphia.)—I bring this patient before you to show an abortive method of treating bubo, which is very satisfactory. If the bubo is allowed to go on a thorough operation will have to be done and the mass dissected out. By the means to be employed here operation of this sort will be avoided in three-fourths of the cases, and the patients will be greatly pleased. This man had a chanchroid followed by suppuraitng bubo of both sides. The one on the left side has ruptured and left a sinus. The one on the right side has not broken down yet, and an attempt will be made to cause resolution without dissecting it out. The parts are shaved and sterilized as if for a thorough operation. A small bistoury is taken, and feeling for the soft part of the bubo, I make a little puncture to let all the pus out. With a syringe peroxide of hydrogen is put into the cavity until it runs out clear. Then it is irrigated with a one to five thousand bichloride solution, until this comes out as clear as before it is put in the wound. After the cavity is thus thoroughly cleaned it is filled with a mixture of iodoform and vaseline, ten per cent of the mixture being iodoform. This is put in with an ordinary small syringe. Then a piece of ice is immediately applied to the part and held on until the vaseline is hardened. This is the whole treatment, and the wound is dressed by simply applying a firm compress of gauze.—*Medical Fortnightly.*

Disguising the Taste of Castor Oil.—W. Washburn, in a communication to the *Journal of the American Medical Association* of May 12, 1900, gives the following method for administering castor oil or cod-liver oil so that the taste is not discernible: Fill the mouth with milk, and hold it there. Dip up a tablespoonful of milk and pour into the spoon already full of milk about a teaspoonful of oil, whether cod-liver or castor oil, and it will be seen that it displaces milk to the extent of its bulk, as any other liquid would do, but the globules of either of these oils being different from the globules of milk do not mix with the latter, and the oil will be in a round ball not touching the spoon. As the patient swallows the milk that has been held in the mouth, he should take the spoonful of milk in the mouth, and at once begin to drink milk from a cup at hand. The writer says he has never yet found a person who, with the procedure carried through in this manner, could tell whether he had taken castor oil or cod-liver oil, or none at all. There is absolutely no contact with the mouth or throat of any particle of the oil, nor can it be smelled upon the spoon. The oils as well as the milk must be cold, and the colder the better.

Treatment of Furunculosis.—Dr. Gallois communicated the results, quite extraordinary, which he obtained in the treatment of boils and wounds in general by the application of salicylate of methyl. The liquid form of the drug has the advantage of being applicable in wet dressings. Employed in the pure state by rubbing, and on extensive wounds by linen steeped in it and covered by oil silk, salicylate of methyl provokes but the slightest pain. M. Gallois considered it an excellent antiseptic, preventing the formation of pus and stimulating the granulation of the wound.—*Paris Cor. Medical Press and Circular.*

Cocaine Poisoning.—Recumbent position; amylnitrite inhalations; aromatic spirits of ammonia in water, to be slowly sipped.

Heroin.—This new derivative of morphine possesses a sedative effect upon the respiration, more powerful than that of morphine, and decidedly greater than that of codeine. One milligram decidedly lessens the respiratory movements in the rabbit, while with codeine we must increase up to a centigram to get the same results. The fatal dose of heroin is placed at one hundred times that of the medicinal dose. One centigram is an efficacious dose for cough in the adult. It is said to be useful in all subjects who breathe badly, either from recent pneumothorax or pneumonia, and in heart disease.—*Dreser, Gaz. Hebd. de Med. et de Chir.*, No. 82, 1898.

Permanganate of Potassium for Fissures of the Nipple.—Dr. Dombrowski (*Le Progres Medical*, January 7, 1899), advises to paint the nipple three or four times daily with a solution of permanganate of potassium, two per cent. to five per cent. The fissures will disappear under this treatment in less than a week. This remedy causes considerable smarting at first, but this soon disappears. Nursing is not interfered with, but the breasts should be washed before each feeding with warm sterilized water, and a compress covered with a permeable cloth should be used.

Simple Water Test.—Into a ground-glass, stoppered, perfectly clean bottle put five ounces of the water to be tested. To the water add ten grains of pure, granulated, white sugar. Cork tight and set in a window exposed freely to light, but not to direct rays of the sun. Do not disturb the bottle, and keep the temperature as near 70° F. as possible. If the water contains organic matter, within forty-eight hours an abundance of whitish specks will be seen floating about, and the more organic matter the more specks. In a week or ten days, if the water is very bad, the odor of rancid butter will be noticed on removing the stopper. The little specks will settle to the bottom, where they appear as white flocculent masses. Such water should not be used for potable purposes.—*Iowa Health Bulletin.*

Infection Through the Tonsils, Especially in Connection with Acute Articular Rheumatism. — F. A. Packard (*Philadelphia Medical Journal*, April 28, 1900), in closing an article on this subject says that the tonsils are active and useful organs whose function it is to offer a barrier to the entrance of organisms into the deeper tissues at a point which by its location and construction is very open to infection. The tonsils act in this respect as do other lymphadenoid tissues in the body, as is best exemplified by the lymphatic glands. During the course of and following tonsillitis we may have occurring most of the important complications of typical acute articular rheumatism. This affection is an infectious disease dependent possibly upon no one organism, but upon a variety of bacteria, and the phenomena of rheumatism can be accounted for by toxin absorption, which toxin may be produced by attenuated micro-organisms. It is possible that the frequent entrance of the micro-organisms by way of the throat may explain the fact that we have acute articular rheumatism developing after the invasion of the throat rather than the ordinary septicemia or pyemia, for the reason that just beyond the port of entry there is situated a collection of lymphadenoid tissues capable of restraining the growth and virulence of the micro-organism attacking the membrane which it protects. The terms "rheumatic pleurisy," "rheumatic purpura," "rheumatic erythema,"

and "rheumatic sore throat" should be used with less freedom, and it would be more correct to look upon them as the result of the infection, whether accompanied or not by acute phenomena, rather than as latent, aborted, or incomplete forms of a condition produced by an unknown, mysterious, and intangible rheumatic poison.—*Medical Age.*

Splenic Anemia, or "Banti's Disease," Complicated by Diabetes Mellitus.—Dr. Hare (*Journal of the American Medical Association*, 1899, Vol. xxxiii., No. 27), recalls a case of splenic anemia with grave blood changes in a man twenty-four years of age, which he reported in the *Medical News* of March 27, 1897. An examination of his blood at that time revealed a great excess of lymphacytes, although the total number of leucocytes was about normal. For a period of two years his leucocytes varied from 8,000 to 4,000, usually averaging about 6,000. The red cells varied from time to time from 1,000,000 to 2,806,000, and the spleen was enormously enlarged. The patient again came under his observation on November 13, 1898, stating that he had been suddenly attacked two weeks before with a profuse flow of urine; on examining his urine he was found to be passing thirty grains of sugar to the ounce. An examination of his urine on all previous occasions has revealed nothing abnormal. No blood count was made at this time, as the patient failed to return the following day. By the use of rest, good food, arsenic, and various preparations of iron, the patient showed marked improvement in his condition each time he was under the author's observation. The author is unable to say whether there was any connection between the two diseases.—*R. L. F.*

Pleural Empyema in Children.—Dr. Leonard Vaux (*Montreal Medical Journal*, November, 1899), says the three predominating factors in its etiology are (*a*) pneumonia, whether primary or secondary to the exanthemata; (*b*) septic processes in any part of the body, (*c*) tuberculosis. The predisposing causes are summed up as follows: Race, climate and habitation. As regards race, it is a curious fact that babies of the Jewish emigrants form an extremely large proportion of all cases operated on in New York. Climate is undoubtedly an important factor, the percentage of cases in seaboard cities being much larger than in inland cities. This is probably to be accounted for by the greater prevalence of broncho-pneumonia, owing to the moisture of the climate.

Unhealthy surroundings, poor drainage, damp floors and walls, all tend to produce broncho-pneumonia with subsequent pus-formation.

The diagnosis of empyema ultimately rests upon the presence of pus in the aspirating syringe, though from a clinical and scientific standpoint it is desirable that the condition be recognized by physical diagnosis before introducing the needle. As to physical signs, inspection reveals the chest heaving so rapidly that to count respiration is difficult, yet one side seems to lag behind its fellow. At intervals a dyspneic attack and then a sharp, irritating cough, increasing in severity in inverse ratio to the age. One point more is noted, which Osler mentions, that not only will the intercostal space be obliterated, but the chest wall actually bulges; the author has observed this in many varied cases. Flatness on percussion, next to aspiration, is the most convincing proof of the presence of pus.

All writers have emphasized the woodeny feeling imparted by a pus sac as against the dull but somewhat more elastic sensation communicated to the fingers by fluid. On auscultation, absolute loss of voice sound is not so constantly found as is generally supposed. Vocal resonance is usually

increased, especially in patches, and tubercular breathing will often be obtained. There are three indications for aspiration. (1) For the securing of temporary relief from dyspnea. (2) To obtain pus prior to operation for bacteriological examination, with a view of determining what form of operation shall be employed. (3) To establish a diagnosis.

The author summarizes the various methods of treatment as follows: (*a*) The expectant combined with medical treatment, which is only mentioned to condemn it. (*b*) Evacuation by trochar and canula, the simplest and one of the oldest of all methods, is never employed now. (*c*) Pneumatic aspiration, which is more often used to afford temporary relief than to effect a cure, unless occasionally in infants or in rare cases of sacculated empyemas. (*d*) Simple thoractomy is a rapid method of operation and is very generally in vogue, a drainage being usually employed, but may in certain cases be dispensed with. (*e*) The operation of primary exsection of a portion of one or even two ribs is coming more and more into general use. The operation has been criticised unfavorably, but generally by those not acquainted with the conditions present. The fact remains that it, more than simple incision, is the operation par excellence for a service in which the cases are of long duration and where large clots of fibrin are generally present.

The following rules of procedure, the author believes, will be of some value as a guide in the choice of operation: Exsection in (1) tubercular cases where secretion will probably go on for some time. (2) In long standing cases where the pleura will be thickened. (3) In some cases of streptococcus infection. (4) As a routine procedure in any service or practice in which simple incision has been tried and found lacking owing to the nature of the cases. The great advantage gained by primary exsection is that it gives free and constant drainage; the great disadvantage is the osteomyelitis which generally follows, thus necessitating a second operation.

Make a simple pleural incision: (1) In all cases in which it is absolutely necessary that shock be avoided. (2) Whenever time is the first consideration. (3) In the employment of healthy, well-nourished children, where aspiration shows sero-purulent fluid only.

The advantages of this procedure are (*a*) rapidity and simplicity, (*b*) no cancellous bone tissue is opened up, (*c*) recovery is probably quicker. The disadvantage is the almost necessary use of the drainage tube, which, if it be of soft material, is liable to become compressed between the ribs; if of hard substance, it plays upon the periosteum, tending to strip it off and induce necrosis.

The after treatment is practically limited to noting retention and remedying this condition when present.—*R. L. F.*

The American Medical Association, at its recent meeting at Atlantic City, elected the following officers for the ensuing year: President, Charles A. L. Reed, Cincinnati; Vice Presidents, A. W. Calhoun, of Georgia; A. A. Woodhull of Denver; Philip Marvel, of Atlantic City, and Wm. E. Quine, of Chicago. The newly-elected trustees are: J. M. Matthews, Louisville, Ky.; E. F. Ingals, Chicago; W. L. Rodman, Philadelphia, and M. F. Porter, Fort Wayne, Ind. At the 1901 meeting the Oration in Surgery will be delivered by Dr. John A. Wyeth, of New York City; the Oration in Medicine by Dr. N. S. Davis, Jr., of Chicago; the Oration in State Medicine by Dr. George M. Kober, of Washington, D. C. The next meeting will be held in St. Paul.

To Preserve Needles.—Dawbarn says keep them in a saturated solution of washing soda. Carbolic oils and watery solutions dull all cutting instruments, and in alcohol they will soon rust. Albolene has an unpleasant oilyness but is otherwise good. Calcium chloride in absolute alcohol is efficacious, but expensive.—*Buffalo Medical Journal.*

The Injurious Effect of excessive use of coffee is nowhere more forcibly illustrated than in a statement of Miss Ward, writing from Brazil, "that the whole country is perpetually in a state of semi-intoxication on coffee—men, women and children alike, and to babies in the arms it is fed with a spoon. It is brought to your bedside the instant you wake in the morning, and just before you are expected to drop off to sleep at night, at meals and between meals. The effect is plainly apparent in trembling hands, twitching eyelids, mummy-hued skin, and a chronic state of excitability, worse than that produced by whiskey." The toxic action of tea and coffee, and especially tobacco, is so often seen in a large class of cases in this country that the first question asked by the physician in reaching a diagnosis is as to the use of these narcotics.

Self-Medication.—Wm. B. Doherty, M. D., (New York *Lancet*, January 1900), makes the following statements concerning self-medication, which are certainly worthy of careful study:

"The habit of self-medication causes far more deaths every year in our community than did the carnage inflicted on both sides during our recent war with Spain. Our gambling propensities as a nation are shown in the worst light when we gamble on our lives. The digestive tract appears to be a slot machine, into which its possessor takes pleasure in thusting any preparation with a eumphonious name for the 'cure, of disease, suggested in newpapers, in circulars on our door steps, on posters on the dead walls of cites, in the street cars, on the fences along the line of travel, yea, an the mountain tops, to delude the healthy or the seeker of health from enjoying the advantages of such a salutary region. A morbid hysterical condition often results in many people from reading and studying flaming and picturesque notices regarding their nerves, livers, hearts, kidneys, etc. Laboring under the delusion af being ill, thousands will unnecessarily take drugs without consulting a physician (try their luck in 'cures' as they would in cards at the faro table), and become dyspeptic, neurasthenics, and inebriates in consequence. Instead of obtaining the best remedies and advice from those qualified by education and experience to bestow them, people will pour drugs of which they know nothing into a body of which they know less, and will try and keep on trying, their luck as long as the pleasing advertisements appear to be changed only when a more alluring picture and catchy testimonial of a 'sure cure' presents itself;—4, 11, 44, you pay your money, and you take your choice,—a veritable lottery on life. The great drawings of the world will give a list of the few big prizes that are won, but the names of the thousands and thousands who did not succeed in getting anything are not intended to be known by the emotional and foolish creatures who invest their money in such gambling schemes: And so it is with patent medicines. The multitude whose constitutions are really injured, or who received no benefit whatever from those nostrums, are never heard of. 'Foolery, sir, does walk about the orb like the sun; it shines every where.' How fortunate it would be for humanity if the tons of headache powders, the barrels of blood purifiers, and the hogsheads of liver pills were thrown into the sea rather than into the stomachs of people by men who scarcely know the name of a bone or a muscle or the function of a single organ of the body."

To Thread a Needle Religiously.—One of the most prolific causes of what might properly be called surgical profanity is the difficulties surrounding the threading of needles. Dr. Joseph M. Jackson has entered the missionary field and has pointed out the straight and narrow path to those whose patience has been tried and whose profanity has been lurid while engaged in threading a needle. Here's the anti-swear method: "To thread a needle hold it with the ring and little fingers of the left hand, instead of with the thumb and forefinger as is the usual way. This method leaves the thumb and forefinger free to grasp the smallest bit of silk or other suture material as it is passes through the eye and pull it to a safe distance on the other side. This does away with the slipping back, so common in the old way of changing hands."

A School for Beggars.—The arrest of a ficticious begger in New York City the other day brought out the interesting fact that he was a pupil of a man who makes a specialty of training men to beg and supplying them with crutches and other appurtenances. The arrested beggar, a young man named Bailey, claimed to be a veteran of the Spanish war, He walked with a crutch and carried one arm in a sling, although his limbs were perfectly sound. He says that his daily receipts varied from $1.50 to $7.00. His patron, a man called William Smith, allowed him seventy-five cents per day, and a commission on all receipts above four dollars, besides paying for his board and lodging at a Bowery hotel. Smith is said to have quite an army of beggars working for him.

A large portion of beggars are frauds. A great majority of those that remain are undeserving, in the sense that giving them what they ask only confirms them in their dependance upon society. In all the large cities, and many of the smaller ones, are charity organizations, to which all the applicants for help should be referred. When a beggar refuses to take his case to one of these societies you may be reasonably sure that he has reason to be afraid of them.

"Bobs."—The grizzled little man who is directing the movements of the British Army has really planned and carried out a remarkable campaign. You have read what he has been doing, and you may be glad to know something of his personality.

Several of his traits have impressed themselves especially upon those who are associated with him—notably his unaffected piety and his simplicity. The religious services of the camp gave evidence of the first, for he enters into them fully, apparently without realizing that thousands of eyes are watching him.

When General Lord Roberts first arrived at the headquarters of the division marching to the relief of Kimberley he found the general officers occupying a hotel, in which a suit had been prepared for him. But he pitched his tent out on the veldt with the army, and declared that there his headquarters were to be. Dressed in plain khaki, without a single decoration to distinguish him, he does his work on the field. There is no affectation in this course; it is simplicity alone, and the desire to be where he can feel most closely in touch with his men.

A correspondent of the press says that General Robert's face "suggests the front of a granite mountain, seamed, lined, battered by storm, strain and racking change. It records acquaintance with every trial to which mortals are put, all suffered in the solitude of undivided responsibility. Care, worry sickness, danger, unceasing reflection, all were written across a gentle, sympathetic countenance, never gay or merry, yet seldom stern, and wholly ignorant of passion."—*Great Round World.*

Nature and Science.

Wood Pulp Paper, as a military clothing is used by the Japanese troops. It is marvelously tough, and has an appearance which might well be regarded with satisfaction for summer use. It holds stitching uncommonly well, while its warmth is undoubted.

Leather can be readily molded for a splint to fit any limb by soaking for a few hours in water containing a tumblerful of vinegar to each quart. It is then moulded and allowed to harden.

The Human Fermentation.—A French author has written a book in which he gives expression to the singular comparison that the human organism is derived from a single cellule by a process of fermentation similar to the growth of the levulose cellule in beer. Normal fermentation is health; abnormal fermentation is disease, and so on. The paradox is one which is more glittering in appearance than reality.—*Medical Age.*

Himalayan Antelopes at Pike's Peak.—An interesting discovery, showing another link between the living forms of the Old and the New Worlds in former ages, was announced at a recent meeting of the Cordilleran Section of the Geological Society of America. Some bones discovered at Glen Eyrie at the foot of Pike's Peak proved to be the remains of a goat-antelope, unlike any animal of the kind now inhabiting America, but closely resembling the antelope of the Himalayan region in Asia. Other bones found in the same place belonged to a slender-limbed species of horse now extinct.—*Youths' Companion.*

Purification by Bacteria.—At the latest meeting of the Society of American Bacteriologists Professor Kinnicut gave an account of the change of opinion now occurring in England in favor of the purification of the sewage of cities by means of bacterial growth, disseminated through it, rather than by chemical treatment, as heretofore employed. The bacterial system, he thought, offered the cheapest and most effective method of purifying the sewage so that it may be discharged into rivers without polluting them.

Cape Hatteras' New Light-Ship.—A new light-ship of novel design is soon to be moored in the stormy waters of the dreaded Diamond Shoals off Cape Hatteras. It has been found impossible to place a lighthouse there, and the light-ships moored on the spot have, one after another, been torn from their fastenings. The new ship is to be propelled by steam, and furnished with electric flash-lights to be displayed from her masts, 50 feet above the water. She will be anchored on the shoals with strong mooring tackle, and in case she is torn loose by a gale, can take care of herself with the aid of her powerful engine.

The Destruction of Rats —A general and systematic onslaught on rats should be proclaimed, now that the plague has shown a tendency to appear in unexpected places. The New South Wales government is spending $150,000 a month in an attempt to stamp out the disease. A whole army of rat catchers is engaged, and hundreds of rats are consumed daily at the crematory. Increasing rewards will be paid until no rats can be caught. To prevent the carrying of plague, Dr. Apery, of Constantinople, proposes to kill rats on board ship by carbonic acid gas. The gas being heavier than air, would sink to the bottom of the hold, and there stifle the rodents.

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The following list comprises formulae of great value to the busy practitioner.

The coating of the following Granules will dissolve in 1½ minutes.

Acid Arsenious, 1-20, 1-30, 1-50, and 1-100 gr. Medical properties.—Antiperiodic, Alterative. Dose, 1 to 2.

Aconitia.....1-60 gr.
Med. prop.—Nerve Sedative. Dose, 1 to 2.

Peristaltic.—Each containing Alion ¼ gr., Ext. Bellad. ⅛ gr., Strychnin. 1-60 gr., Ipecac 1-16 gr. Dose, 1 to 2.

Atropine.....1-60, 1-100 gr.
Med prop.—Anodyne. Dose, 1 to 2.

Atropinae Sulph.....1-60 gr. 1-100 gr.
Med. prop.—Anodyne. Dose. 1 to 2.

Codeia..... ¼ gr, ½ gr.
Med. prop —Anodyne, replacing Morphia without the usual disagreeable after effects produced by the latter.

Corrosive Sublimate...1-12, 1-20, 1-40, 1-60, and 1-100 gr. Med. prop.—Mercurial Alterative. Dose, 1 to 2.

Digitalin.....1-60 gr.
Med. prop.—Arterial Sedative. Dose, 1 to 2.

Ext. Belladonna, (English).....¼ gr.
Med. prop.—Anodyne. Dose, 1 to 2

Ext. Ignatia Amara.....¼ gr.
Med. prop.—Nerve Sedative. Dose, 1 to 2.

Ext. Cannabis Indica.....¼ gr.
Med prop.—Anodyne. Dose, 1 to 4.

Ext. Hyoscyam, (English).....¼ gr.
Med. prop.—Nerve Stimulant. Dose, 1 to 3.

Ext. Nuc. Vomicae.....¼ and ½ gr.
Med. prop.—Nerve Stimulant. Dose, 1 to 3.

Gelsemin..... ¼ gr.
Med. prop. — Emetic, Diuretic, Cathartic. Dose, 1 to 2.

Hyoscyamia.....1-100 gr.
(Crystal Pure Alkaloid.) Med. prop. —Anodyne, Soporific. Dose, 1.

Mercury Prot. Iodid.....¼ gr.
Med. prop.—Alterative. Dose, 1 to 4.

Mercury Prot. Iodid.....½ gr.
Med. prop.—Alterative. Dose, 1 to 2.

Mercury Prot. Iodid.....⅛ gr.
Med. prop.—Alterative. Dose, 2 to 4.

Mercury Iodide Red.....1-16 gr.
Med. prop.—Alterative. Dose, 1 to 3.

Morphinae Sulph..... 1-20 gr.
Med prop.—Anodyne.

Morphinae Sulph.....1-10 gr.
Med prop.—Anodyne. Dose, 1 to 2.

Morphinae Sulph.....1-6 and ⅛ gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Morphinae Sulph.....¼ and ½ gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Podophyllin, 1-10, 1-6, ⅛, ¼, and ½ gr.
Med. prop —Cathartic. Dose, 1 to 4.

Podophyllin Comp.....
Med. prop.—Cathartic and Tonic. Dose, 1 to 2.

Podophyllin	½ gr.
Ext. Hyoscyami	⅛ gr.
Ext. Nuc. Vomica	1-16 gr.

Strychnine, 1-16, 1-20, 1-30, 1-32, 1-40, 1-60, and 1-100 gr. Med. prop.—Nerve Stimulant, Tonic. Dose, 1 to 3.

Strychninae Sulph., 1-16, 1-20, 1-30, and 1-32 gr. Med. prop.—Tonic. Dose, 1 to 2.

Veratrinae Sulph., 1-12, 1-40, 1-60, and 1-100 gr. Med. prop.—Powerful Topical Excitant. Dose 1.

Zinc Phosphide.....1-6 and ¼ gr.
Med. prop.—Tonic. Dose 1 to 3.

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The object of this department is to afford the profession an opportunity to discuss, pro and con, the newer therapeutic agents.

Nutrition in Severe Gastro-Intestinal Diseases.—Dr. J. E. Thatcher (*Medical Century*) states that in the care of patients suffering with malarial fevers, and especially children, there comes a time when the question of what food should be given becomes one of the gravest importance. In a case of this kind in a baby, 18 months old, in which extreme exhaustion existed after the subsidence of the fever, it was found very difficult to nourish the child, all food being refused or vomited. The case seemed almost hopeless, as the patient was apparently starving to death. A trial, however, was made of lacto-somatose given in a mixture of equal parts of oatmeal water and cow's milk, which was well tolerated without nausea or vomiting. Improvement set in from the moment of taking the first dose of lacto-somatose. The preparation relieved the gastric disturbances, stimulated the digestive organs, and created a natural appetite and the power to digest other food. Under its continued use perfect recovery ensued.

Vin Mariani in Exhaustion.—We have had occasion in numerous instances to administer "Vin Mariani" to business and professional men who complained of being gradually run down. The work of the office, the cares and worry entailed by business and the physical flaccidity brought on by overwork, all seemed to give way in a marvelously short space of time, despite the fact that the subjects continued uninterruptedly at their usual occupations. The notable fact to be observed is that in each instance the effect was permanent. But it must not be forgotten that, in order to make the result a lasting one, it is necessary to keep the patient upon a prolonged course in the use of "Vin Mariani." There is no doubt whatever that this preparation has proven intself a boon to mankind.—*The St. Louis Medical and Surgical Journal*, March, 1899.

Sanmetto in Enuresis-Nocturna.—Dr. L. L. Gray, St. John, Mo., reports the outlines of a case of enuresis-nocturna, treated with Sanmetto, several years ago. The case was that of a maid thirteen years of age, who had suffered with enuresis from infancy. She was old enough to realize her condition, and keenly felt its effect—acted as though she thought every one she met knew her troubles—and consequently she was shy, unsociable, ashamed to be seen in company, and strangers would ask if she was entirely sane. He gave her a bottle of Sanmetto, told her mother to give her all assurance that it would cure her, if properly taken. A second four ounce prescription verified the truth of his statement. He says it did cure her for all time, and to-day she is a perfectly formed young lady, intelligent and sociable, the downcast countenance gone, and life is again worth living.

E. N. Campbell, M. D., Good Hope, Ill., says:—I have used Aletris Cordial in threatened miscarriage and find it one of the finest and most efficient preparations that it has been my privilege to prescribe. Aletris Cordial should be used more than it is, although it is largely prescribed, yet like its twin sister Celerina, it is not prescribed often enough to prove its efficiency. Most all cases that these preparations are used in are of a chronic type, and those that require patience to relieve; hence, if these two remedies are taken regularly and persistently, according to the case, they will satisfy all concerned.

Relief for British-Boer War Sufferers.—The following letter from the London office of the Antikamnia Chemical Company, under date of March 2d, 1900, will be found interesting:

Dear Sirs: It was suggested to me a few days ago that I should contribute some Antikamnia to one of the hospital ships going out in charge of Dr. Conan Doyle and Surgeon O'Callaghan, F. R. C. S., the latter of whom is well known to me, and has a very substantial practice. I have contributed to this Hospital Ship and to the "Maine," equally, in your name, the following exact number of ounces, viz.: 12 dozen ounces of Antikamnia Powdered and 24 dozen ounces Five-Grain Antikamnia Tablets, in all 36 dozen ounces, and I feel certain that you will readily endorse what I have done. This constitutes the first introduction of Antikamnia, *in quantity*, to the army medical service of Her Majesty.

February sales show nearly double the volume of sales for February, 1899. Rather a pleasant report to make, is it not? Regular monthly statement by next post. Yours very truly,

THE ANTIKAMNIA CHEMICAL COMPANY,
Per J. M. Richards.

REPLY.

ST. LOUIS, MO., U. S. A., March 14th, 1900.

Dear Sirs:—In reply to your favor of March 2nd, 1900, we beg to say that the contribution of 36 dozen ounces of Antikamnia Preparations to Hospital Ships, may most agreeably be charged to account of Home Office.

We must thank you for your timely thoughtfulness in making these donations. We have, on this side also, contributed liberally to the Boer Relief Fund through the local representative, Dr. Emil Preetorius, of this city. Glad to note your reference to increased sales, etc.

Sincerely yours,
THE ANTIKAMNIA CHEMICAL COMPANY,
Frank A. Ruf, President.

J. H. Goethe, M. D., Varnville, S. C., says: Celerina was given to a patient suffering from nervous prostration, the result of habitual alcoholic excess. Under its administration his system was not only completely renovated, but he was enabled to overcome the habit of indulging in strong drink, and is now enjoying good health. I regard Celerina of great value to the profession.

Sanmetto Endorsed After Watching its Effects in Several Hundred Cases of Genito-Urinary Diseases.—In gives me great pleasure to add my testimony to that of the many eminent physicians in this city and elsewhere, attesting the wonderful curative value of Sanmetto. In nearly all genito-urinary ailments, especially of a chronic nature, it is simply invaluable. I consider Sanmetto almost a specific for chronic prostatitis, especially in old men, where more or less hypertrophy exists; also in weakness of the generative system, it has wonderful power in restoring waning sexual strength. This is my first testimony for any medicine, but having prescribed Sanmetto ever since its introduction to the profession, and watched its effects in several hundred cases. I feel that I need not hesitate to endorse it.

Chicago, Ill.

L. E. MILEY, M. D.
Grad. 1881, Michigan University,
Member American Med. Assn.,
Member Illinois State Med. Assn., Member Chicago Med. Assn.

Keep Tab on Time.—Believing thoroughly that "a thing of beauty is a joy forever," and that an article of beauty and utility combined is worthy of preservation, the New York Pharmacal Association has prepared for distribution to the medical profession a handsome and artistic *perpetual* calendar, which is now ready for mailing. Instead of presenting a calendar at the beginning of the year, according to the usual custom, the above company prefers the season when the physician is not deluged with all sorts and conditions of chronological recorders, and is thus better enabled to welcome and appreciate such an addition to his office. The new Lactopeptine Perpetual Calendar is not intended for hanging upon the wall, but upon the doctor's desk, and for this reason has a strong easel back to support it. The coloring is exceedingly soft and attractive, consisting of delicate shades of lavender, purple, crushed strawberry and buff-yellow. The few words relative to Lactopeptine are entirely unobtrusive, and do not interfere in the least with the general artistic effect. In the near foreground on either side are two gracefully-draped female figures with flowing hair; around the edges appear the various signs of the zodiac. One of these calendars will be sent to any physician who may request same.

Hay Fever.—It is surprising how many people are made absolutely miserable throughout the late summer months by this peculiar and distressing malady.

Relief without the necessity of a change of climate can be given in a great many cases if the right course is pursued.

Those who are interested should write the Globe Manufacturing Company, of Battle Creek, Mich., for full particulars regarding their nebulizers, one of which is shown in accompanying cut; also their system of treatment for HAY FEVER and all diseases of the nose, throat, bronchial tubes and lungs.

Acne Due to General Waste.—Mrs. B., a pale blonde of twenty-six, came to see me for a cachetic acne with which she had suffered for several years. Her nourishment appeared below par and she steadily and slowly decreased in weight, complaining of lassitude and a general feeling of being unable to get about as she should. She was given the regular treatment for acne which I am in the custom of using, but it did not seem to produce the desired effect. Deeming that an improvement in her nutrition and assimilation would exercise a beneficial effect upon her cutaneous trouble, I ordered the following:

Cord. Ol. Morrhuæ Comp. (Hagee) ..... ℥ xvi.
Sig. Tablespoonful after each meal and at night.

In one week she reported a net gain of four pounds and the eruption was in better condition, so much so that the effect of the cordial was patent. From inquiry, I elicited the fact that the appetite had increased, assimilation was better and a general sense of comfort had replaced the bad feeling which had formerly prevailed. At the present date, three months after the inception of the treatment, my patient weighs twenty-six pounds more and is rid of her acne.

I have used Hagee's Cordial with uniform good results, and it is without doubt one of the best reconstructives now offered to the profession.

St. Louis, Mo.

A. H. OHMANN-DUMSSNIL, A. M., M. D.

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Contains the Essential Elements of the Animal Organization—Lime and Potash;

The Oxidising Agents—Iron and Manganese;

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And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a Slightly Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, *in the property of retaining the strychnine in solution*, and in the medicinal effects.

Fellows' Hypophosphites is advertised only to the Medical Profession; is *never sold in bulk*, and Physicians are cautioned against worthless substitutes.

Medical letters may be addressed to

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BACTERIAL DEVILMENT

cannot produce and maintain a summer diarrhea without appropriate pabulum—

Stop Milk! it's fermentable and "curdable." Give Liquid Peptonoids as an aseptic fluid food until the child's ordinary nourishment can be resumed. One-half to one teaspoonful every 2 hours—more or less—according to age.

When fermentation is pronounced, give
LIQUID PEPTONOIDS
WITH CREOSOTE.

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Large fan for winter and summer ventilation. Absolutely devoid of usual hospital odors. Delightful surroundings. Lakeside resort. Pleasure grounds, steamers, sailboats, etc. Trained nurses of either sex furnished at reasonable rates.

J. H. KELLOGG, M. D., Supt., Battle Creek, Mich.

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Twenty-Third Year. AUGUST, 1900. Vol. 46, No. 2.

THE CAROLINA Medical Journal.

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Many reports from prominent rhinologists and others claim immediate relief in the treatment of Hay Fever. Applied locally by meaus of a spray or on pledgets of cotton. Suprarenal Liquid with Chloretone can be used practically upon every mucous membrane, but is especially recommended in inflammations of the nose, throat, eye, and ear.

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Branch Laboratories: London, Eng., and Walkerville, Ont.

SUMMER HEAT: Its Ill Effect Upon Infantile Life.

Whilst it is not contended that summer heat, *per se*, exercises any ill effect upon infantile life, the intense heat of summer, coupled with improper diet and unsanitary surroundings, undoubtedly will increase the mortality among infants. Artificially fed babies especially suffer.

A wise saying of the ancients, *obsta principiis*, has special application here. The importance of cleanliness, appropriate food, and regularity in feeding should be impressed upon the caretaker of the infant.

From the writings of medical practitioners of wide experience in this special field, we have compiled a pamphlet which we designate the "Summer Pamphlet." In it will be found many highly valuable suggestions for the care of infants and children during the heated term, together with various formulæ suggesting treatment for infantile digestive disturbances, all of which tend to show that the base of many successful prescriptions for "summer complaint" is **LISTERINE**

LAMBERT PHARMACAL COMPANY,

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Editorial.

THE INDISCRIMINATE USE OF DRUGS.

Mark Twain in his essay on Christian Science humorously describes how after a fall down a precipice, crushed and broken he was treated by a veterinary surgeon. This good man not being "facile princeps" on fractures proceeded to produce a condition with which he was more familiar, and through a process of "drenching" succeeded fianlly in bringing on the "bots" a disease in the treatment of which he was decidedly *au fait.*

He then cured the "bots," but as Mark Twain pathetically remarked the fractures seemed unaffected and his body continued to present the unsymmetrical outlines of a folding hat rack.

This story is simply a re-adoption of the narrative of the old doctor who could cure fits but couldn't reduce a fever and logically enough gave all his patients "fits" before he attempted their treatment.

We laugh at such grotesque stories and fail to apply them to ourselves. We do not realize that a great many of us often "drench" our patients with drugs which will cause a train of symptoms which it will take other drugs to releive; that we sometimes are like the old physician, giving our patients "fits" actually or figuratively in order that we may cure a fever.

In our early years of practice as soon as we are called to a patient's bedside we sit down and straightway think of how many different medicines we

can give for the special malady which we have attributed to this particular sufferer. Our list is usually a long one, and the druggist smiles cheerfully when the messenger from the sick room struggles into his drug store under the load of prescriptions we have confided to his care.

As our experience grows, most of us, we think, begin to realize that this using of our patients as a dump pile for our collected knowledge of materia medica profiteth only the druggist and the undertaker and we begin to rearrange our ideas accordingly.

On the other hand there is still a large class left who fail to profit by experience and when they run down a patient who will and can stand the racket they fill him chock ablock with all they know of drugs, official, unofficial, proprietary, and sometimes patent, and await for results, we were going to say, not so, however, they haven't time for results! They must keep pouring new and pseudo scientific combinations down their patients throats lest they fail to get all they know into him before he dies.

And when this ill used sufferer has departed this painful life the good doctor will be consoled by the family of the deceased who will doubtless affirm "Our doctor did all he could—no other doctor could have done more." To this assertion the druggist and the undertaker will nod solemn but emphatic assent. But how often could this same physician have done a great deal less and with less serious results.

Few patients and still fewer friends and families of patients relish or will permit a waiting policy on the part of a physician, and the knowledge that we are expected to be up and doing from the moment we are called often impells us to use drugs before we are certain of the indications we have to meet. Now this is all wrong. We should not administer medicines unless we have a definite end in view. Giving remedies on the chance of their striking the trouble in some unknown way is like shooting into the swamp in hopes of killing a deer–under both circumstances we are as likely to kill a human being as accomplish our purpose.

TYPHOID FEVER AND ITS DISSEMMINATION.

With the possible exception of tuberculosis no one disease has occupied so much of the time of the average medical society as typhoid fever. This is very naturally so considering the fact that it occurs throughout the bounds of civilization and that the physician who has had no experience with typhoid fever would be hard to find. This is particularly true of our own country, all over our great cities showing a much greater morbidity and death rate from entiric fever than do the great cities of Europe. For instance, some recently quoted statistics give Munich a typhoid death rate of 3 per 100,000; Berlin 4½; Vienna 5; London 15; Dresden 7. Compare these figures with some of the large American cities, Philadelphia 34; Chicago 31; Detroit 25; Boston 22; New York 17; Toledo 26, and it will be readily apparent that our municipal governments have failed to properly grapple with this great problem.

In a recent discussion of this subject Prof. V. C. Vaughan of Ann Arbor, who has written interestingly of his experiences with typhoid fever during the Spanish war, speaks of flies as carriers of the contagion. This, he tells us, was particularly noticeable in the army encamped at Jacksonville, where the citizens were practically unaffected by the disease while among the soldiers who drank water from the same source, there were thousands of cases.

The fact that the officers did not suffer to a similar extent he attributes to the fact that they ate in screened tents. The appearance of cold weather diminished the number of flies and the frequency of typhoid became conspicuously less. The fly as a means of dissemminating the poison of typhoid fever is being more and more appreciated and may explain what is an undoubted fact, in this section at least, that enteric fever is far more common during the summer than the winter months. With water as practically the only source of infection this prevalence of the disease in the warm months of the year cannot be explained. Dr. Vaughan also calls attention to a fact that is often neglected, that the urine of the typhoid fever patient is as infectious as the bowel discharges even after the case has apparently recovered—a frequent cause in his opinion of great epidemics. Practically the only method of contracting the disease is by taking into our systems the dejections of others, and the principal manner of doing this is through the drinking water. As regards the ability to reproduce itself, Dr. Vaughan says that a single germ allowed to multiply unhindered would in sixteen days produce a germ for every drop of water in the world, a statement which if not strictly speaking scientific, at least shows the amazing reproductive powers of the bacillus typhosus.

As a result of careful analysis of the epidemics of typhoid at various camps during the late war, Dr. Vaughan puts the average ratio of those who are susceptible to the disease at 25 to 33 per cent. Animals are said never to be attacked by typhoid fever.

EVERY MAN HIS OWN DOCTOR.

Commenting upon a book written by a prominent physician and advertised to the laity as a work intended " to enable the user to discover at once the nature of his malady," the *Philadelphia Medical Journal* very properly says :

"If the author had been content to instruct the members of every household in matters of hygiene and physiology, it would have been well, but the attempt to instruct them in the diagnosis and treatment of disease is a very different proceeding. In hundreds of serious diseases the result will be to postpone consultation and scientific treatment until it is too late. No layman can possibly be instructed, certainly not by a book, to make correct diagnosis or institute proper treatment in such cases. The plan is also likely to encourage morbid introspection and hysteria of many kinds. It is a sad blunder that a physician should have subscribed himself as the author of such a volume."

It is a very old epigram which says that the man who is his own lawyer has a fool for a client. The same thing is not so generally accepted by the public as true of the man who attempts to treat himself or his family for diseases and with remedies of which he can know but little. Hence it is no unusual thing to find a household in the possession of books after the order of "The Horse and His Diseases," excepting that instead of a horse man is the subject under consideration. Of course nobody ever got much satisfaction from consulting such works, either as regards horse or man, particularly the latter. No man is in a better position to realize this than a physician, and we can join in the surprise of our contemporary that such a one would be willing to go before the world as the author of so useless a volume.

OPIUM POISONING.

In the columns of this issue will be found the report of a case of opium narcosis, in which poisonous symptoms did not develop for 10 or 12 hours after the poison was swallowed. The preparation used was laudanum, and it was estimated that the patient (a woman) took three vials, in all about three ounces. The reporter desires to know if recovery in this case is to be regarded as unusual. Supposing that the time of taking the laudanum was, as stated by the patient, a number of hours before alarming symptoms necessitated the calling of a physician, the late onset of the toxic effects is decidedly unusual, the only possible explanation being that the poison was absorbed very slowly. As regards the amount taken, the various preparations of laudanum, particulaly those sold in general merchandise stores, varies to such an extent in physiological power as to make a reliable estimate of the actual dose taken very difficult. Many cases of recovery from two ounces of laudanum have been reported, but we do not remember to have seen any reports where treatment was successfully resorted to so long after the injection of the poison. As regards treatment, the advocates of permanganate of potash do not seem to have held up their claims. The use of emetics, or better still the stomach tube, is of especial importance, even though some time has elapsed since the opium was taken, as it must not be forgotten that the drug is excreted by the stomach and may be reabsorbed. The use of coffee or caffine is of considerable utility, and the same may be said of artificial respiration, strychnine, application of cold, etc. The use of atropine is permissible, but care should be taken lest atropine poisoning be substituted for, or added to that of opium.

The Perfect Man.—The man of the future is to come from Colorado. Desirability of improving the race by carefully selected marriages has been talked about for a long time, and the Mountain State has set itself seriously to the task. A bill has been introduced into the legislature permitting only healthy, well developed and moral people to marry. The man must be at least twenty-five and the woman twenty-two. Both must be free from consumption, epilepsy, asthma, insanity, organic or hereditary disease of any kind, and must not be more closely related than fourth cousins. To carry out this law a county board of medical examiners is to be formed, and no one can marry until he receives a certificate. It is to be hoped that by this means all those of notorious reputation shall be excluded from the marital relation. It can only be hoped that the people of Colorado will find it as simple a matter to dispose of a deep seated evil as it is to propose a remedy.

The Death of Sir William Gverend Priestly, M. D., the well-known obstetrician, is announced from London. Sir William has been the member of Parliament for the Edinburgh and St. Andrew's Universities since 1896. He was formerly President of the Obstetrical Society of London; Professor of Midwifery at King's College, London; Examiner of Midwifery to the Royal College of Physicians of London, and to the University of Cambridge; and Physician Accoucheur to the late Princess Alice and the late Princess Christian, and Vice-President of the Paris Medical Society. He was also an honorary Fellow of the American Gynecological Society, and of the Gynecological Societies of Boston, Berlin and Edinburgh.

Medical News and Items.

The Plague is increasing in Australasia.

The Horrors of the Indian famine increase.

An Epidemic of cholera is raging in Bombay.

The New York School of Clinical Medicine has been closed.

Louisiana has a home for lepers—the only one in the United States.

In Tehuantepec province, in Mexico, yellow fever is reported as prevalent.

A Case or Two of bubonic plague has been discovered in London, England.

Yellow Fever of a mild type has broken out in Tampa, Fla. (Later reports deny this.)

The Medical Register, a bright and entertaining monthly published in Richmond, Va. has been discontinued.

Judga Neelen, of Milwaukee, recently fined two Christian Science healers $50 each for treating a case of diphtheria.

Dr. W. W. Keen, the indefatiguable, has raised $50,000 as a library fund for the College of Physicians, of Philadelphia.

The Medical Schools for men and women of the Northwestern University Chicago, will be continued as separate institutions.

Dr. Jameson, who led the raid into the Transvaal a number of years ago, has now been elected unanimously a member of the Cape Parliament for Kimberly.

Dr. Wm. Osler, of Baltimore, delivered the address at a meeting of the Medical Graduates' College and Polyclinic, London, on July 4. He took for his subject "The Teaching of Practical Medicine."

Miss Sheldon Amos, M. B., Lond., has been appointed a medical officer at Suez under the Board of Quarantine. This is the fifth appointment of an English medical woman as a sanitary medical officer in connection with the plague in the East.—*Medical Age.*

A New Surgical Journal.—We have just reecived the first number, dated July, 1900, of the *Journal of Surgical Technology*, to be published monthly. It is a large octavo of fifty-two pages of reading matter. The first issue is largely devoted to new instruments.

All Surgeons, Assistant Surgeons, Acting Assistant Surgeons or Contract Surgeons, and Hospital Stewards, who served in the Army or Navy of the late Confederate States, will please send their postoffice address to Deering J. Roberts, M. D., Secretary Surgeons' Association, C. S. A., Nashville, Tenn.

At a Recent Meeting of the Johns Hopkins Hospital Medical Society a rare example of a caudal appendage was shown in a male child three months old. This appendage was 2¼ inches long and sprang from the tip of the coccyx; it contained neither bone nor cartilage. It retracted markedly at the tip when the child cried.

Wanted.—A physician in active practice in an excellent section of North Carolina desires to turn over all his practice to the right man—one who can take charge of it permanently. Office and dwelling can be rented if desired. Party so introduced must purchase the small stock of drugs on hand.—Address at once, "W" in care of this Journal.

The Ainos in Japan are a white-skinned race. They are hairy, and from the circumstance are called "dogs" by the Japanese, who regard themselves as much superior. The Ainos are nomadic and are hunters. It is said they do not eat fish, whilst the Japanese are very fond of it. They have no leprosy which in some districts of Japan is very prevalent.

Dr. A. Philip writes to *The Lancet* of May 26, referring to a mode of quenching thirst by keeping a small round pebble in the mouth. Thirst disappears and perspiration is diminished. Dr. Philip states that he has gone as long as eight hours and a half in a broiling sun with nothing but dry biscuits and cheese for a lunch, and at the end of that time was not particularly thirsty.

The American Association of Obstetricians and Gynecologists will hold its thirteenth annual meeting in the Assembly room of the Galt House, Louisville, Ky., Tuesday, Wednesday, and Thursday, September 18, 19, and 20, 1900, under the presidency of Dr. Rufus Bartlett Hall, of Cincinnati, O. A cordial invitation is extended to the medical profession to attend the several scientific sessions of the association.

Mrs. Ruiz, wife of Dr. Ricardo Ruiz, the American citizen who was butchered by Spaniards in Cuba, in 1897, is soon to receive $5,000 from the United States government, which took over all the claims against Spain at the signing of the peace treaty. When General Lee made his report on this case our government placed the figures at $50,000, and stoutly maintained that that was little enough for Spain to pay.

The State Board of Medical Examiners of New Jersey on July 5, determined to admit to the practice of medicine in that State the licenses of other State boards, provided that the candidate for such endorsement shall present satisfactory evidence of the academic and medical education required by the New Jersey board and that the license presented for endorsement shall have been issued after a State examination of the same grade and kind as that required by the New Jersey board.

Dr. Chavernac, of Aix, France, has designed a new army stretcher which possesses two chief advantages over the stretchers now in use, namely, the wounded man can be lifted from the ground without shock or pain, and he is not touched by the bearers while this is being done. The stretcher is rigid, and is made in halves, which, by pressure, fold together under the body of the patient. When loaded, the stretcher is mounted on a light bicycle carriage. It requires only two bearers, as compared with four for the stretchers now employed.—*Medical Age.*

A Principle has been cultivated from the Sarracenia or pitcher plant which the discoverers, Drs. Brittingham and Bowers, of New York, have named bioplasm, because its action can be accounted for in no other way than that it stimulates protoplasmic activity. It is indicated in any deviation from mormal functionating, and acts by restoring the physiological equilibrium. It has been exhibited in over one hundred cases with almost uniformly favorable results, and it is now in the hands of a number of the best physicians of New York for investigation. The medical world will soon be advised as to the results of their experiments.—*Medical Age.*

The Following Letter is self-explanatory: "The Pan-American Exposition has seen fit to entrust the care of the department of Ethnology and Archæology to a practicing physician. Many members of the medical profession are interested in the study of American Ethnology and Archæology and not a few have valuable collections of Indian relics and skeletons from Indian graves. Those not directly interested in this study are so circumstanced as to be aware of the hobbies of their neighbors and could doubtless furnish the address of collectors. I should be greatly obliged for information and for the loan of collections for the use of this department of the Exposition. Exhibits which represent study in some special line of American Ethnology and Archæology will be particularly suitable. Very truly yours, A. L. BENEDICT, M. D., Supt. of Ethnology and Archæology, Buffalo, N. Y.

Cancer.—To this subject Dr. Roswell Park has again called attention. His conclusions are that cancer is on the increase, especially in this country or parts of this country, and it is not that we are seeing more because of the of the improvements in diagnosis. He is in charge of the New York Pathological Laboratory established by the State to investigate the cause of cancer, which is so prevalent in a certain part of his State, which he has nicknamed the actual "tropic of cancer." Dr. Park says that cancer is virtually never seen on the skin of the back save at points which are within easy reach of the hands; when it appears upon the face, it is nearly always on those who do not use soap. He has succeeded in one case in producing a true adeno-carcinoma in an animal by inoculation with fluid from a soft cancer of the omentum. His conclusions are that the true cause will probably be found in one or more kinds of yeasts or fungi.—*The Medical News.*

Alcoholism in Mexico.—According to an exchange, which from contiguity might be expected to be well informed, alcoholism is making startling strides in Old Mexico. The alcohol habit, it says, is reported to be rapidly spreading to all ranks of Mexican society, and the mortality statistics which come from the superior or national health board, show for each year a steady increase in the number of deaths from cerebral congestion due to alcoholism. The national government has, it is said, become alarmed at this showing, and the increase of poverty and crime that goes *pari passu* with this cause. This increase of alcoholism among the Latin races has also been reported elsewhere, and if we include France among them, it has become one of the more serious problems of their civilization. When the local alcoholic drinks heretofore prevalently used among them are supplanted or supplemented by those of the Anglo-Saxon, the danger-point is brought within the vision of those who had before ignored it. It is an unfortunate fact that the wherever the northern races go they carry their vices with

them, and the American and English bar is one of the most active factors in their conquering advance. Mexico will do well for herself if she puts a check on the development of this special feature of modern civilization.—*American Practitioner and News.*

A Malaria Experiment.—The British Government, it is said, is about to inaugurate an interesting experiment of a kind that ought to make the anti-vivisectionists indulge in one of their customary howls. It is directly in the line of human experimentation,and as condemnable in its way as some of those that have recently given these philanthropists so much concern. It is proposed, so the report goes, to build a hut in the most pestilential spot of the malarial Roman Campagna, make it mosquito proof with screens, etc., and have two medical experts live there during the unhealthy season of May and October. The anti-vivisectionists may not object to this so far but the subjects of the experiment are to have servants to wait on them and be exposed to the same risks without having the stimulus of scientific zeal or the hope of honor or reputation. If these four persons do not acquire malaria, it will prove that it is avoidable with proper precautions. As a further proof it is proposed to breed the malaria-bearing mosquitoes,feed them on infected individnals, and then transport them to England and have them there inoculate individuals who have never been otherwise exposed, who are expected to develop the disease. If this report is correct, no one can really deny the possible value of the experiments, but the humane societies will probably have their say about it, and would prefer to have mankind go on the good old way and get bitten, "as Nature intended."—*American Practitioner and News.*

In his address to the Kentucky State Medical Society, of which he was President, Dr. William Bailey, in alluding to the recent effort of certain misguided individuals to prevent animal experimentation by act of Congress, said in part: "There is pending in the Senate of the United States to-day a bill which, if inacted into law, will practically prevent further development in this line of work. Many women, in the kindness of their hearts—God bless them—are zealous in waging this warfare, and yet they or their sisters adorn themselves with the plumage of birds slain for this purpose alone. Imagine, if you please, after that mysterious but successful search after the gay and festive flea deliberately turning it loose on account of cruelty to animals! She will kill a thousand fleas to give one night's rest to her poodle dog. Or if she has been so unfortunate in her association as to catch the itch, to carefully preserve the life of the 'acarus scabei.' Cruel doctor, to give her relief from the itch by giving the deadly dose of sulphur to the bug! 'Consistency, thou art a jewel!' "

Very Dangerous.—Singleton—"Do you agree with the doctors who consider kissing dangerous?

Benedict—"Oh, yes."

Singleton—"What dread effect do you think is likely to arise from it?"

Benedict—"Marriage."

The Carolina Medical Journal.

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Illustrations necessary to elucidate the text will be provided without expense to authors when suitable ink drawings or photographs are furnished.

Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

Original Communications.

Brief Report of Some Recent Surgical Cases.

By STUART McGUIRE, M. D., Professor of Principles of Surgery and Clinical Surgery University College of Medicine; Surgeon in Charge of St. Luke's Hospital; Visiting Surgeon to Virginia Hospital, etc., Richmond, Virginia.

CASE I. CHOLECYSTENTEROSTOMY.—Mrs. B., aged 62, private case St. Luke's Hospital. Patient had suffered for years with severe attacks of biliary colic, and six months ago had been operated on for gall stone and many calculi removed. The operation had for a time given complete relief, but recently the symptoms had returned and just before her admission to the hospital a swelling had formed at the site of the old incision, which had been opened by her attendant and converted into a biliary fistula through which from from two to three pints of bile escaped each day. The patient was weak, aenemic and septic; her bowels distended with gas and her actions clay colored. As the large loss of bile could not long be endured an immediate operation was advised despite the unfavorable outlook. It was hoped that the condition was due to occlusion of the common duct from impaction of a stone which had been overlooked at the previous operation. After the abdomen was opened and the gall-bladder freed from its numerous adhesions it was found that the obstruction was due to either the contraction of an inflammatory deposit or to the growth of a malignant tumor. As it was impossible to restore the natural channel for the passage of the bile it was determined to give it a new exit by the creation of an opening between the the gall-bladder and the duodenum. This was effected by making an

anastomosis with a Murphy button. The abdominal wound was sutured without drainage and the patient put to bed in fair condition. Reaction occurred in a few hours and the next day there was decided evidence of bile in the feces. The patient rapidly gained strength and lost jaundice. She was kept on liquid diet till the sixteenth day when the button was passed through the bowels. At this writing, three weeks after the date of operation, the patient is sitting up in bed, with clear eyes and fair skin, the bowels moving regularly and naturally, and there being every evidence of a speedy recovery. Her ultimate fate depends, of course, upon the nature of the obstruction; if it was inflammatory she will be permanently cured; if it was malignant she will only be temporarily benefited. The failure to ascertain the character of the growth at the time of the operation was due to the patient's feeble condition and to the fear of hemorrhage, which is peculiarly profuse in conditions of jaundice.

CASE II. Abdominal Hysterectomy for Fibroid Tumors.—L. G., age 48, colored, clinic case of Virginia Hospital. Patient had suffered for years from both pain and hemorrhage, due to a slowly growing abdominal tumor, the size of a large cocoanut. She was anaemic, emaciated and bedridden. An examination showed the uterus to be the seat of the growth and it was determined to remove it by Bear's method. The abdomen was opened by a median incision and the ovarian arteries on both sides ligated at two points and divided between the ligatures. The round ligaments were next tied and cut. The broad ligaments were then divided down to the angle of the reflection of the peritoneum from the uterus to the bladder, and the lower ends of the two incisions united by transverse incisions through the serous coat across the front and back of the uterus. The tumor was then lifted and the peritoneal cuff at its base pushed down. The uterine arteries were located by palpatation and ligated by a needle threaded with silk, passed close to the cervix to avoid the ureters. Amputation was then made, unattended by bleeding, at the juncture of the body with the neck of the uterus, the cervical flaps brought together and then covered with peritoneum. The pelvis was carefully sponged out, and the abdominal incision closed. The patient made an uninterrupted recovery. This operation is now being done by some surgeons without the use of ligatures by means of the angieotribe. The broad ligaments are caught in the long narrow serrated jaws of the instrument, and by tremendous pressure so lacerated and crushed that they can be divided without bleeding. Surgical instinct and the teaching of modern pathology condemn the method. It is a reversion to to an antiquated and abandoned principle of hemostosis, and, despite the favorable results which have been reported by honest and competent men, is believed to be a fad which will have but temporary existence and only a historic interest.

CASE III. Nephrotomy for Renal Calculus.—Mrs. L., age 32, private case St. Luke's Hospital. For the past two years the patient had suffered with a constant ache in the right lumbar region, and on three or four occasions had had acute attacks of pain closely simulating nephritic colic. Clinical symptoms pointed to a calculus in the kidney and the diagnosis was strengthened by the constant presence of renal debris, a small amount of albumin and a large quanity of pus in strongly acid urine. An incision was made parallel with and an inch below the last rib, beginning three inches from the spinous processes of the vertebra and extending forward and outward some five inches. The kidney was readily reached, loosened from its fatty attachments and delivered through the wound. Pal-

patation and an exploratory puncture with a needle located a stone in one of the calices. This was removed through an opening made in the convex border. Bleeding was slight and easily controlled by deep and superficial sutures. The kidney was returned to its proper position and anchored by several silk sutures and the wound closed, with gauze drainage at its most dependent point. Recovery was uneventful, the only untoward symptom developed being pain,due to passage of blood clots from the pelvis of the kidney to the bladder. A recent examination of the patient's urine showsthat the pus and albumen disappeared and she announces that she is well. The stone in size, shape and appearance resembled an Indian arrowhead, and was composed of an uric acid nucleus, around which had been deposited phosphatic salts.

CASE IV.—Resection of Third Division of Fifth Nerve for Facial Neuralgia.—Mr. K., age 65, clinic case at Virginia Hospital. For eight or ten years he had been the victim of severe facial neuralgia. Five years ago the inferior dental nerve was excised by trephining through the ramus of the lower jaw. This gave temporary relief but the pain soon recurred and despite the use of a variety of remedies, continued to increase until the patient's life was rendered a burden. At the time of admission to the hospital he had lost one hundred pounds in weight, ate and talked with difficulty, slept little; and was taking several grains of morphia a day. After consultation it was determined to make a section of the third division of the fifth nerve, where it leaves the skull through the foreamen ovale. This operation was selected instead of the removal of the Gasserian ganglion because the pain was limited to the distribution of the trunk in question, and because of blindess and other disastrous trophic results which have been reported following the last named procedure. A curved incision was made over the zygoma, the process was cut through at both its temporal and malar junctions and turned down with the flap; the posterior border of the temporal muscle was drawn forward and a passage was tunnelled under the greater wing of the sphenoid bone until the foreamen was reached. The The nerve was hooked up and its trunk excised to the extent of half an inch. The operation was tedious and difficult, but the result fully repaid the time and effort it cost. The patient was instantly and completely relieved of pain. The wound healed nicely and he left the hospital in a week's time. In a recent letter he states that he has had no more pain, has discontinued the use of opium and feels perfectly well.

CASE V. Excision of Rectum for Prolapse.—Mrs. R., aged 46, clinic case Virginia Hospital. Patient had suffered for years with prolapse of the rectum. The mass was the size of a boy's fist, caused great pain and seriously interfered with walking. Palliative treatment, such as manual replacement, rest in bed, and astringent applications had failed to give relief, and she came to the hospital for more radical measures. It was determined to excise the mass by Whitehead's method in preference to employing the old plan of cauterizing the mucous membrane in streaks with a hot iron, reducing the protrusion, retaining it with tampons and waiting for cicatrical contraction. After the usual preparation the sphincter was thoroughly dilated and a circular incision was made around the anus at the junction of the skin and mucous membrane, and the rectum was dissected up keeping close to the bowel to prevent injuring the muscle, whose fibres could plainly be seen and felt. As the work proceeded the rectum was pulled down by several forceps attached to its free margin until a tube of mucous membrane was withdrawn three or four inches in length. This was

then amputated in sections, and as each half inch of the circular incision was made it was sutured to the skin, thus lessensng hemorrhage and preventing the embarrassing complication of having the severed bowel retract up into the pelvis. The danger of this operation is said to be the possibility of permanent impairment of the action of the sphincter muscle. In this case the unfortunate result did not follow, and in two week's time the patient was discharged perfectly well.

CASE VI. Cholecystotomy.—Mrs. X., age 61, private case at St. Luke's Hospital. Patient had had repeated attacts of hepatic colic and was suffering with marked jaundice. An incision was made parallel to the external border of the right rectus muscle just below the tenth costal cartilage. The gall-bladder was found filled wish calculi and so tightly adherent that it was found impossible to deliver it through the abdominal incision. After carefully walling it off from all adjacent viscera with gauze it was incised. With a scoop and forceps one hundred and twenty-one stones were removed. They varied in size from an English pea to a small filbert and each had two or more factes. After mopping the cavity of the gall-bladder clean with dry gauze it was packed lightly with iodoform gauze and the cut edges stitched to the cut margins of the parietal peritoneum of the wound. On the third day the gauze packing was removed and the wound dressed. For several days there was a flow of bile from the wound but this soon decreased and finally ceased. The bile returned to the stools and the skin cleared. Convalescence was uncomplicatad.

CASE VII. Epithelioma of the Hand.—Mr. R., age 63, private patient St. Luke's Hospital. History of a sore on the back of his hand which had slowly increased until at the time of his admission it was over three inches in diameter. It presented the characteristics of epithelioma and its excision was advised. The patient was given chloroform and the diseased tissue was cleanly extirpated, the knife being carefully kept in the healthy tissue. The removal laid bare the extensor tendons of the hand and left a wound whose size and appearance was appalling. Bleeding was arrested by tortion and compression and the hand dressed with aseptic gauze moistened with normal saline solution. In ten days time the wound was filled with healthy granulations, to the level of the skin, and then a second operation was done to hasten its healing by covering it with skin grafts. Thin strip of cuticle half inch wide and several inches long were cut with a razor from the arm, laid upon the denuded surface and held in place and protected from the overlying dressings by narrow strips of rubber dam. In three or four days the grafts had assumed the pinkish color of the surrounding skin, and by the end of the week the wound had healed. The advantages of excision over caustics or the cautery are obvious. With the scalpel the diseased tissue can be accurately and entirely removed; the pain is much less and a clean healthy wound is left instead of a sloughing eschar. New and healthy skin can be planted upon the surface, lessening the convalescence by weeks or months and leaving smooth skin instead of an unsightly scar. Lastly, the disease is far less liable to return either in the graft or clean cut margin than in a scar, the result of a slowly cicatrizing and often infected burn.

CASE VIII. Hysterectomy for Cancer.—Mrs. D., age 45, private patient St. Luke's Hospital. History of bleeding and purlant discharge from the womb for several months with constantly increasing loss of strength and weight. Examination showed a very large uterus, with cancer of the body, the cervix being apparently free from disease. As the mass was too

big to be removed by the vaginal method it was decided to take it out from above. The uterus was first curetted and its cavity irrigated with a 50 per cent. solution of peroxide of hydrogen, followed by a flushing with a 1-4000 solution of bichloride of mercury. The uterus was packed with gauze and the cervix tightly sewed up. The abdomen was opened by a supra pubic incision and a fibro-myomatous uterus was found, about the size of a child's head. One large nodule extended low down posteriorly, filling the hollow of the sacum, making it impossible to deliver the tumor through the abdominal incision and rendering the separation from the rectum very difficult. The ovarian arteries were tied on both sides, the broad ligaments divided down to the juncture of the body with the cervix, and then the uterine arteries ligated. A transverse circular incision was then made through the peritoneum at the point of its reflection from the uterus to the bladder in front and the rectum behind. The uterus was pulled up and peritoneal cuff pushed down until the vagina was reached which was determined by palpatation and percussion. A small opening was made into it in front, and it was ligated in sections around the cervex to prevent bleeding, and the last union which held the mass cut away. A gauze strip was inserted into the vagina from above and loosely packed in the bottom of the pelvis and the abdominal incision closed. The patient did well, with a temperature at no time above 100. The low mortality in these cases is due to perfect drainage of the pelvis through the vagina. The specimen when cut open revealed a large sloughing carcinoma just above the internal ring.

La Grippe—Otitis Media Purulenta—Mastoiditis—Recurrent Facial Paralysis —Operation—Recovery.

By JOHN DUNN, M. D., Richmond, Va.

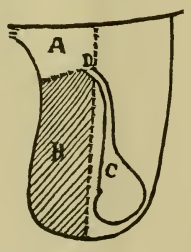
GEO. H., mulatto, aged 59, seen first April 6th, 1900, having been referred to me for operation by Dr. Meriwether, who had already made the diagnosis in the case. Following an attack of la grippe the patient had suffered for five weeks severely with earache and with pain in the left side of his head, large doses of morphine being required to give him even temporary relief. There was a profuse foul-smelling discharge from the left ear. When I first saw him the patient was totally deaf, in both ears, to sounds of the human voice. The left facial nerve was completely paralyzed, save for some fibres to the muscles about the orbit. He mentioned that *thirty years previously this same side of his face had been paralyzed*, but the affected muscles had recovered their tone. This fact suggested the possibility that facial paralysis might be due to slight swelling of the sheath of the nerve at the seat of the previous trouble and not necessarily to extensive bone destruction along the canal of the facial, with subsequent involvement of the nerve itself. This seemed all the more likely inasmuch as the paralysis was not complete, the fibres going to the orbicularis palpebrarum being only partially involved.

It would be interesting to know why it so frequently happens that the fibres to the orbicularis palpebrarum are in paralysis due to inflammatory

affections of the facial in the middle ear and mastoid relatively so much less affected than those to the orbicularis oris, traces of whose paralysis often persist for a considerable length of time after the orbicularis palpebrarum has seemingly regained its tone. In this case this was markedly true, for while three days after the operation there were no gross evidences of paralytic involvement of the orbicularis palpebrarum, the left side of the mouth, when the patient attempted to whistle, suggested the evolutions of a washerwoman's sheet in the wind.

There was no oedema over the mastoid region; no demonstrable infiltration of the tissues next the periosteum, no special pain on pressure, although there was some tenderness along the posterior border of the process.

The left ear was discharaing a whitish offensive pus. Temperature at the time of my visit was 99½° F. Dr. Meriwether informed me that for the few days the case had been under his care the temperature had varied from 99° to 103° F. The great pain from which the patient suffered, although the discharge from the ear was profuse and the fact that this discharge was not lessening after four weeks, together with the late and sudden appearance of the facial paralysis, showed clearly enough the existence of mastoid disease. The mastoid was accordingly opened the following day. Its surface and a considerable portion of its body proved to be sclerosed, one gouge being broken in the efforts to enter through the cortex. Pus was formed just under the cortex at the posterior part of the mastoid fossa. A few cells were found between this and the antrum which was large and deeply seated. These cells and the antrum contained pus. The outer half of the process below the mastoid fossa was removed down to the tip. As no pus was discovered in any of the few and small cells found in this portion of the process, the inner half of process, owing to the dense hardness of the bone was about to be left unremoved, when, in applying the dressings, a small bead of pus was seen to exude from the process near its upper part. Examination made to discover the source of this pus revealed a fistula leading through the inner half, that is, the unremoved portion of the mastoid process downward to open into a large cell in the inner half of the mastoid tip. This necessitated the removal of considerably more of the process. The accompanying diagram shows the condition existing:



A—Entrance to the mastoid antrum. *B*—Outer half of the process sclerosed and consisting of very few cells which contained no pus. *D*—Fistula, opening into *C*, a large cell, filled with pus, in the inner half of the mastoid tip.

In view of the fact that the facial paralysis was incomplete and recurrent it was not thought necessary to remove the bone about the facial canal. A sufficiently large opening was made into the mastoid antrum, which was syringed out. The attic, save with a probe and very gently, was

not examined. In the ordinary case of operative acute mastoiditis secondary to acute inflammation of a previously healthy middle ear cavity it is advisable to disturb as little as possible the contents of the attic. It is enough merely to open the antrum sufficiently to allow a free discharge of the pus. The structures contained in the attic are too delicate to be roughly probed, scratched or gouged out, and where the antrum has been properly opened, as a rule, the discharge ceases promptly and the damage done to the hearing power is very little. In cases of chronic mastoiditis, where there coexists diseased conditions of the ossicles and of the walls of the attic, nothing less than a thorough examination of the whole cavity should satisfy us.

The existence of a large cell full of pus in the inner half of the mastoid tip explains how it is possible for Bezold's mastoiditis to occur without external swelling over the mastoid region. In cases where the cortex of the inner aspect of the mastoid tip is very thin symptoms referable to the ear have been overlooked by the attending physician, even in the presence of a large, deeply seated abscess under the sterno-mastoid muscle.

Pain in the aural region, even though it be at times severe, accompanied by fever and later by paralysis of the facial, with coincident redness of the drum membrane does not always serve as a certain indication for opening the mastoid. Take for example the case of Mrs. A., aged 65. She had had la grippe, one of whose complications had been an otitis media of the left side causing a great deal of pain in the region of the left ear. There had been considerable rise of temperature and after some days left side facial paralysis developed. I did not see the case until some days after the appearance of the paralysis. At this time the temporal pain had almost subsided. There was no tenderness or swelling of the mastoid region; the appearance presented by the drum membrane showed clearly we had to do with an otitis media in the stage of subsidence. At no time had there been any discharge from the ear. No special local treatment was advised. In the course of a few weeks the paralysis had disappeared and the hearing was normal.

Or, again, mastoid inflammation may occur in a case where owing to injury or neuritis there has existed for years facial paralysis. Take for instance, the case of Mary I., aged 30, seen during the month of April, 1900. She came to the Richmond Eye Infirmary seeking relief from severe pain in the mastoid region of the right side. Complete right side facial paralysis existed; this was found, upon questioning the patient, to have been present many years; she did not know how long. The marked pain was of only a few weeks duration. This case is mentioned here to show that where we have facial paralysis complicating mastoiditis that we should be careful in our prognosis as to its recovery, and find out not only whether the paralysis preceded the mastoid, but also whether the paralysis is recurrent.

Where, however, following an acute otitis media purulenta, we have a discharge from the ear, which does not diminish after treatment for a reasonable length of time, but rather increases, and where the continuance of the pain shows mastoid involvement, even though the grosser evidences presented by infiltration of the tissues and tenderness over the mastoid be wanting, then, save in exceptional cases, the mastoid should be opened. If there be superadded paralysis of the facial, the question arises always whether or not the mastoid bone should be removed down to the facial canal. We must bear in mind that dehiscences may exist in the facial canal as it passes through the middle ear and that the paralysis may be the result of swelling of the nerve sheath along this portion of its course. In the mastoid portion

the facial canal is very deeply seated and is generaly surrounded by bony tissue which, because of its relatively greater density, does not easily submit to inflammatory destruction, as does the rest of the mastoid process. We on the other hand, however, not infrequently in this portion find larger or smaller cells opening directly into the facial canal, and the involvement of these is also a cause of facial paralysis. I think it is a safe rule in cases of mastoiditis with facial paralysis to be satisfied with much less than the exposure of the facial nerve the full length of its mastoid canal. Indeed, such extensive removal of the mastoid is rarely required.

Again, we must bear in mind that empyema of the mastoid cells may exist with or without a destructive mastoid ostetis. While it is not difficult to reach the facial canal, it is difficult to keep from injuring the facial nerve in the attempt to expose it. Recurrent facial paralysis is more common than the text books have led us to think, and where the facial becomes involved in the course of mastoid inflammation we should always inquire whether or not it has ever been previously affected. Shortly prior to the time upon which the above case was operated upon I was consulted by Mr. B., aged 43. He had left sided facial paralysis of a few days standing. For this he could assign no cause other than "he had suffered the same way once before in his early life," and that "perhaps he had taken cold." The tympanic membrane showed nothing abnormal. There was, however, a well defined area of tenderness over the mastoid fossa. In all liklihood a slight attico-antral mucositis was the cause of sufficient swelling of the facial nerve sheath to cause the paralysis, which was not complete and which after a few weeks entirely disappeared.

In regard to the deafness from which the patient suffered:—at the beginning of his attack of la grippe he within a few hours became entirely deaf in his right ear. Within twenty-four hours his left ear lost its hearing, so that for nearly four weeks prior to the time he was operated upon he had been able to communicate with his family only by signs.

Cases of more or less complete loss of hearing in both ears occurred not infrequently during the spring of 1900, and in some of these cases seems to have been to the large quantity of exudate poured into the middle ear cavities. In the cases which fell under my observation the hearing power was regained completely or almost so after a few weeks.

In the case above reported the large quantities of morphine taken by patient probably prevented the absorption of the exudate. The patient's hearing began to return about three days after the operation, first in the ear operated upon, and under the administration of the iodide of potash rose rapidly to what it had been before the hearing was lost. The patient had suffered for many years with chronic otitis media which had produced some impairment of hearing. The operation was not the cause of the restoration of the hearing, the loss of which had been equally great in both ears.

Mitchell, quoted in the *Canadian Medical Record*, states that he has been very successful with cold water in the treatment of persistent vomiting, when medicine and other external applications had failed to give relief. It is applied to the epigastrum by means of towels wrung out of ice water, which are changed every minute until the vomiting ceases.

Surgery For the Prevention and Cure of Crime and Criminals.*

By A. J. WAKEFIELD, Jacksonville, Fla.

CRIME has been the scourge of the human race ever since the two brothers just outside of the Garden of Eden, dyed crimson the earth so recently cursed by the Almighty, for the first transgression of a command not to eat of the fruit of the tree, which had the power to open the eyes of our first parents, to the knowledge of good and evil, to the last gory field where thousands fertilized the ground with their blood—the blood of the slain.

No adequate remedy has been found that could even restrain the passions of the different races so as to bring into harmony the brotherly kindness which would render life safe, and human rights inalienable.

Even the example and teachings of the great and only good Being allied alike to God and humanity has failed thus far to rid the earth of crime, and consummate the reign of "Peace and Good Will" on the earth.

Selfishness, the outgrowth of passions and the father of greed, still fills the earth with suffering and sorrow. The command given to the early inhabitants of the earth "To go forth, to multiply and increase," has become obsolete: witness the myriads of human beings, too low in the scale of intelligence to be of the least use in the world and only to be destroyed by famine, pestilence or war. To keep a worthless class from encumbering the earth and adding to its constantly increasing woes, needs now a counter command to stay the on rushing flood of increasing propagation until the doctrine of one of the world's greatest scientists shall become the adopted law of every land, "The survival of the fittest."

Reproduction has been so far restrained only by marriage, which no law has regulated or restrained, and the criminal class has been more prolific, than the good and virtuous; thus the criminal class has greatly increased, until the problem has become a public question how to check it and save the unprotected from the brutish passions of a debased class, roaming unchecked through the community.

It has been from time immemorial the safeguard of communities to so far destroy the passions of two of the most useful animals, the constant companions and co-laborers of the human race, which, if not destroyed, would be a constant menace to any peaceful neighborhood, but the destruction of which improves them for man's use and renders them harmless and tractable.

If the brutes of the human race, possessing violent passions and a want of moral restraint, will commit crimes against society, is it not the duty of society to destroy that cause of crime and thus save for use of the community the improved usefulness of such, and render them harmless from further depredations and annoyance to the community? The living and walking exhibition of such punishment upon the brutish would, I think, carry greater terror to the evil disposed, than the most condign punishment which can be inflicted by ridding the earth of the criminal, and thus following the example of the Creator of the race, by placing upon the original murderer a mark, which he confessed was greater punishment than he could bear.

*Read before the Duval County Medical Society.

As a preventive of crime in future generations, and a safeguard against the continued production of a criminal class, should not the law be so made to protect the community by taking the young who can inherit only a strong bias to crime, and whose environment is ever a hot-bed of criminal association, and render them harmless and thus stop the onflow of a class that is now crowding the jails and prisons of our county to be supported by the virtuous and hard laboring class.

I have only touched upon a few of the most salient points of a great question which has but recently been broached in our medical literature and do not expect any response from a society which has not had the subject under discussion, but which I believe in the next century will be one of the vital questions of protection, as vaccination has been in the present to guard the world from the ravages of small-pox.

History gives examples of persons who had been deprived of their pro-creative powers having been elevated to positions of trust, and exercising great personal influence ; thus showing that the race can not only be improved, but the great cause of crime and depredation be eliminated and the two great temptations to vice and immorality, "women and wine," which go hand in hand to accomplish the ruin of so many who have started on a career of usefulness and success, would be greatly lessened.

Castration under proper regulations by law, upon such criminals as show a vicious spirit, would render them harmless and thus put them where they could do no injury ; and children in whom could be expected only an inheritance of a strong criminal bias, would grow up to be good, quiet, industrious, law abiding citizens.

Castration is being advocated in some Medical Journals to prevent the reproduction of that class of persons who know only enough to propagate their kind, but not of sufficient intellect to provide for their future, if they should happily escape the terrible inheritance from their parents.

Since writing the above, I clipped the following from a Baltimore paper :

"JUDICAL MUTULATION, WITH IMPRISONMENT, SUGGESTED BY A GRAND JURY AT BALTIMORE IN CASES OF RAPE.

Baltimore, Md., Sept. 8, 1899.—The grand jury for the May term, upon being discharged to-day by Judge Dobler, in the Criminal Court, made the following suggestion in its report :

"The punishment of death, made judicially or illegally carried out, would be considered the most successful punishment for rape which could be inflicted ; it having failed, however, in its results, we would suggest castration and imprisonment in all cases of conviction, instead of hanging.

"This punishment, unquestionably, will prevent the criminal from again committing this crime, and he will become a marked object and a living warning, which, we think, will cause others of the same brutal propensities to hesitate before they give way to their passions."

By a recent order of the French Army Medical Service, medical officers are directed to use injections of antitetanic serum in large and repeated doses in all cases of pronounced tetanus. This order is based on the fact that experience has shown that such injections have a favorable effect in many cases.—*Medical News.*

Unusual Case of Laudanum Poisoning—Recovery.

By J. E. KERR, M. D., Lilesville, N. C.

ON the morning of July 9th I was called to see Mrs. P. The history given me by her husband was: That she had taken 3 ten cent bottles of laudanum about bed time (8:30 or 9 o'clock) on the previous evening. The amount taken was about ℥ 3. The patient had never used opium in any way prior to this time. The laudanum was taken on nearly an empty stomach, as she had eaten very little supper. Husband was up through the night with sick child but did not notice anything unusual about his wife's condition. Patient vomited about ten or twelve hours after taking the laudanum and her husband detected its odor and accused her of taking it. She then told him what she had done and where he could find bottles and wrappers. She talked to him when addressed, otherwise she was quiet. She told me when I questioned her how she had rested through the night, that she had not been able to sleep, at which she expressed surprise. The time that had elapsed since the laudanum was taken until I saw patient was about 12 hours. About half-hour after I arrived patient began to show signs of drowsiness which increased with alarming rapidity. More than an hour passed before she refused to answer our questions. In two hours she refused to speak unless spoken to in very loud tones and her replies were incoherent. In 14 or 15 hours after laudanum was taken breathing fell to 8 or 9 per minute and in 16 or 17 hours it had fallen to 6 or 7 per minute and if walking and flagellation was stopped it would drop to 5 per minute and possibly lower. Her life hung upon this narrow margin from 10 A. M. until 3 P. M., when I thought I noticed a slight change for the better but in 10 minutes this hope vanished and for the next 4 hours her symptoms were worse than before. Face had been congested and swollen especially marked under the eyes and on the nose, dropping of the chin, nervous twitching, inability to swallow. From 3 P. M. to 7 P. M. showed greater weakness and with difficulty was kept on her feet. At 7 P. M. she rallied again about 23 hours after laudanum was taken, and was tolerably bright for ¾ hour when she fell into another deep sleep but in 1½ hours it wore off after which we had but little more trouble. I did not notice at any time through the night after the second relapse, any of the characteristic stertorous breathing she had suffered through the day. Patient has completely recovered. She is in the 8th month of utero-gestaion. Foetus was alive at my last examination.

I used emesis, followed by constant drinking of hot coffee. Application of cold water and ice. I did not have chance to use permanganate potash as advised by Dr. William Moor, of N. Y. Neither did I use tannic acid. I used strychnine, atropin and whiskey freely. I used also enemas. Motion I found most important.

Good for Burns.—Seventy-five grains of picric acid dissolved in two ounces of alcohol, to which a quart of water is added, makes an excellent application for burns. There is nothing which deadens the pain better. It should not be used after granulation begins to take place.—*International Journal of Surgery.*

A New Pedicle Needle.

By L. B. OWENS, Columbia, S. C.

IN the operation for the removal of tumors, ovaries, uterus, etc., when the parts are to be tied in sections by the use of a needle threaded with a double ligature, I have often felt the need of one different from any other needle used for that purpose. The cut below illustrates a needle recently made under my direction by Messrs. George Tiemann & Co., which I think will be of great assistance to all surgeons. In abdominal surgery the rate of mortality is greatly influenced (as all surgeons know) by the two following factors :

1. Time consumed in the operation, as the longer the operation the more liable the patient to shock, with the stomach more irritable, the blood more deoxidized, the greater depressing effects of the anæsthetic, and the wound longer exposed.

2. The way in which the surgeon guards against hæmorrhage.

By the use of this needle several minutes can be saved, and the vessels can be secured with more certainty.

The difference between this needle and those in general use is that in this one the ligature is doubly crossed before the pedicle is transfixed, and in the others afterward. When this needle is threaded properly, the pedicle can be transfixed, the suture clipped near the eye, and each section ligated in a few seconds ; while with others the ligatures are crossed *after* they are clipped, and one must pull and saw at them for several minutes to see if they are crossed, and it is never certain that they are, and if they are not they are almost sure to slip, and the patient to die from hæmorrhage. The needle is threaded in the same manner as any other ; then one end of the ligature is drawn into the pointed excavation in the end of the handle, the other end is carried under and over the suture on the opposite side, and brought back to the original side and drawn taut into the other wedge-shaped notch. The notch near the shoulder of the needle is designed as a receptacle to keep the sutures when they are locked, so that they may be parallel along the shaft of the needle.

Epidemics of rabies are reported in the southern part of Richmond Borough in New York City, where many dogs and horses have been bitten, and some, which have showed symptoms of rabies, shot ; and also in the upper part of Hunterdon County, N. J., where a number of dogs, cattle and swine have been bitten.

A Few Words to the Editor and Readers.

By W. PEYRE PORCHER, Charleston, S. C.

I have just read your editorial in the June number on the "Popular Idea of a Doctor." As I believe that it is always gratifying to an editor to know that his writings have struck a responsive cord I write to express my hope that you will not weary of the good work. It would appear that doctors like to be humbugged, or, what is stranger still, to be imposed on, and when they have been cheated, wrung out like sponges and dropped, they meekly submit, feeling that there is no recovery at law, and therefore no attempt is made to prevent the patient from swindling other doctors in the same way. The question is, will you get any thanks for trying to point out to the doctors their own short sightedness. There is certainly no class of men in the world so universally hoodwinked and imposed on by druggists, charlatans, proprietary men and patients themselves as the doctors are, and so it is likely to continue to the end, unless some great revolution should occur to reorganize the medical world. I am informed that in some cities there have been established cooperative drugstores and other feeble attempts for the mutual protection of the doctors, but sad to say these attempts may be called isolated efforts and they are few and far between. At any rate, in our Southern States, no man dare say to a patient (unless he is already rich) "my services are worth so much and cannot be had for less", nor can he afford to sue a patient for his bill for fear that his reputation will suffer by the publicity involved. There is no law and no redress for a doctor and he must submit with the best grace possible to that he connot prevent. When an habitual dead beat (if I may use the term) is shown up to medical confreres we are often met with a smile of derision or we are informed that a man will pay one man and not another so there is no possibility of forming an alliance for the mutual protection of physicians, or again we are told what is the use of trying to comb the world down with a fine tooth comb. Why not take the world as you find it and swim along with the current? Well, of course, this would be the easiest method but when you die it will be said of you, "Yes he was a very good fellow but he never did anything," and a man will never do any thing if he waits for the universal approbation of every one to warrant him in the doing of it.

> "He who would to mountain tops ascend most wrapped in clouds and snow
> Must e'en look down upon the hate of those below."

I venture to say with the poetess:

> "So work along in your chosen niche,
> With a steady purpose to nerve you,
> Let nothing men say who pass your way
> Relax your courage or swerve you.
>
> The idle will flock by the temple of art,
> For just the pleasure of gazing,
> But climb to the top and do not stop
> Though all may not be praising."

Necrology.

Dr. Wm. T. Cheatham, in the 69th year of his age, died suddenly at his home in Henderson, N. C., June 23, 1900.

As we add years to our age we become more conscious of the sharpness and uncertainty of human life; we see the reaper getting nearer and nearer to us; we see our fellows falling upon this side and upon that, like trees before the woodman's axe. It may be a stripling sapling or a gnarled and knotted trunk; perchance it may be a hickory, tall and strong and in full fruit, or a maple, decked in its gorgeous autumnal robes; but ever and anon we hear the crash of some mighty oak, and while we know that it must be so, we cannot help saying in our hearts, "what a pity!" and as we stand and gaze we see conspicuously the vacant place where the grand tree had reared its head above the surrounding forest.

Dr. Cheatham was born in Granville county, North Carolina, on the 29th of April, 1832. He receivd only an academic education, and graduated in medicine from the Virginia Medical College, of Richmond, in 1856, at

the time when the renowned Brown Sequard held the chair of physiology in that school. He was a man of attainments and influence, and was highly loved and honored by those who came in close and daily association with him. He was a physician of ability, and an earnest worker in the Medical Society of the State of North Carolina, of which association he was elected president in 1891. He became a member of the Society in 1868, and was made an Honorary Fellow in 1898.

Dr. Cheatham was a man of many attainments; ready and entertaining in conversation, strong in his convictions and forceful in argument. His life was a laborious one, and yet, like so many physicians, he died comparatively a poor man. One of his eulogists, Dr. Hufman, after a beautiful tribute to the medical profession in general, said "Worthy are these men: Chas. E. Johnson, Wm. H. McKee, Wm. G. Hill, Burke Haywood, Pittman, of Tarboro, Wood, of Scotland Neck, Wood, of Wilmington—these and

many others like them, to take rank with the proudest names in the pantheon of our beloved commonwealth. And William T. Cheatham was worthy to stand by the side of the best men in this beneficent calling."

Dr. Cheatham was married in 1859 to Miss Martha Geneva Davis, and among his surviving sons are Drs. Archibald and Goode Cheatham.

Dr. A. J. C. Skene, of Brooklyn, N. Y., died on July 4, at his summer home in the Catskills. Dr. Skene was born in Aberdeenshire, Scotland, in 1838, and came to America at the age of nineteen. He graduated in medicine at Long Island College Hospital in 1862, and served as a surgeon in the United States Army during the Civil War. After the war he became adjunct professor of surgery in Long Island College Hospital, and later was made professor if gynecology in the same school. His contributions to medical literature were numerous and valuable, and much of his work possessed marked originality. His best-known work was his text-book on diseases of women.

Dr. W. L. Crouse, of Lincolnton, N. C., died at his home on August 3rd, after an illness of several months. He was born in Lincoln county, N. C., in '49, and begun the practice of his profession in '71, soon establishing an enviable reputation as a diagnostician and practitioner. In '84 he represented his county in the House and in '86 was elected to the Senate. On July '73 he was married to Miss Mattie A. Stowe, of York county, S. C., who, with four children survive him.

Ashhurst.—In Philadelphia, on Saturday, July 7th, Dr. John Ashhurst, Jr., formerly of the United States Army, in the sixty-first year of his age.

The Way to Employ Cold in Typhoid Fever.—Johnson (*Medical Times*) says that in private practice the objections of friends and the difficulty of procuring a suitable tub and capable assistant often make it inexpedient to use the tub treatment. In these cases cold sponging may be used. If the temperature is high and obstinate, the patient should be stripped and the bed protected by a rubber blanket over which is placed a sheet. Then the nurse takes a piece of ice and sweeps it over the body vigorously, at the same time applying friction with the other hand or having this done by another nurse. This friction is a most important part of the procedure; it increases the loss of heat by at least fifty per cent. over the application of cold alone. Pressure should not be great, but active friction with the ball of the thumb and palm of the hand until the skin is red from the reaction. If friction cannot be used, then do not apply cold, as the two must go together. Patients who object to hydrotherapy can often be induced to yield to its employment by beginning gradually. First a tepid sponging may be given, and gradually less tepid water may be used until cold water is employed. Then state to the patient, or friends, that the point in the disease has been reached when water with pieces of ice in it is needed, and finally ice-water or pieces of ice as described may be used, when it is found that the patient does not catch cold, as it is always feared will be the case. Frequently people will think it all right if alcohol is added to the water. This may be done, as it also adds to the cooling properties of the sponging.

Review of Medical Progress.

Diphtheria.—(Dr. Klebs *Journal American Medical Association*, 1899 Vol. XXXIII, No. 25), says, as to treatment, isolation should be carried out as much as possible. Every member of the family or house should be subject to prophylactic treatment. For the latter purpose he recommends chinosal and antinosin. Those already affected should receive antitoxin injection as early as possible. The danger of serum injections seems to be confined to the deleterious action of foreign serum, known as the globulicids qualities of such serum of not human derivation.

These globulicide substances can be destroyed by subjection of the serum to a temperature of 60° C, which does not destroy the antitoxic as is shown by Sprouck in Utrecht. Further he suggests that the needle only should be pushed into the tissue, to make sure that no blood vessel had been touched. Escape of blood warns us that such is the case and a new insertion must be made, and the syringe attached. Only a small quantity of the serum should be injected at first and the heart watched for a few minutes when more can be injected. It is an error to recklessly inject 5 cc at once, fatal results having come to his knowledge not only in children but also in adults. Soft parts remote from the heart, such as the hip or loins are the best places for injections. The serum should always contain a small quantity of antiseptics—Kresol 0.2 per cent., or thymol in crystals. Of greatest importance for a successful treatment is a correct clinical diagnosis, even when membranes are not present, or are invisible because situated in the posterior part of the nares, or when they are not characteristic enough, resembling follicular tonsillitis, true diphtheria may exist. In most cases the appearance and spreading of membranous exudation is certainly sufficient for a diagnosis, when associated with general symptoms.

In other cases microscopic and bacteriologic examinations afford certain means for a correct diagnosis. The portion for microscopic and bacteriologic examination should be taken from the edges of the membranes, and from the adjoining, seemingly healthy portions of the mucous membranes, with a sterilized cotton ball. Cultures should be made nowhere except in properly equipped laboratories. For staining a dried cover glass preparation he mentions Zeit's methylene-blue concentrated solution in five per cent. borax, and decolorized with 1 per cent. Bismarck-brown for three minutes. All true diphtheria bacilli then show the chromatic bodies very darkly stained, whereas the other substance of the bacilli is stained yellow. No other bacillus gives this reaction which in many cases assures the diagnosis by microscopic examination alone. This method will help the practitioner to make the diagnosis for himself.

Serum injections should be made in every case in which a diagnosis of diphtheria can be made even with probability, but should not be registered as diphtheria until the diagnosis is made sure by microscopic or bacteriologic examinations. Mild hydropathic measures are recommended as practiced in other fever cases. As in other infectious diseases of a highly toxic character the formation of polynuclear leucocytes in the bone marrow is impeded. As cold water applications promote peripheral circulation they afford the best means of promoting leucocytosis.

As to local treatment the author says that such chemicals as are apt to endanger the life and action of tissue cells should be absolutely avoided, but mild, non-irritating antiseptics, such as chinosal, 1 to 1000 or antinosin in two per cent. solution applied to the entire surface of the tonsils, soft palate, pharynx with cotton balls, have given good results. The nasal passages are to be washed with these same solutions by means of a suitable syringe. Such local applications have healed many cases of true diphtheria in which toxic symptoms were absent. The local use of antidiphtherin has proved highly efficient against the local affection and the fever.

This substance can be easily prepared in every laboratory for antitoxic serum. It is a ten times in-vacuo concentrated filtrate of diphtheria culture. —R. L. F.

Some of the Conclusions reached by Dr. Victor C. Vaughn, (*Medical News*, June 9, 1900) after a study of typhoid fever among the American soldiers in 1898:

Every regiment in the United States service in 1898 developed typhoid fever.

More than 90 per cent. of the volunteer regiments devoloped typhoid fever within eight weeks after assembling in the State encampments.

Typhoid fever became epidemic in camps located in the Northern as well as those located in the Southern States.

Typhoid fever usually appears in military expeditions within eight weeks after assembly.

The miasmatic theory of the origin of typhoid fever is not supported by our investigations.

The pathogenic theory of the origin of typhoid fever is not supported by our investigations.

Our investigations confirmed the doctrine of the specific origin of typhoid fever.

With typhoid fever as widely disseminated as it is in this country, the chances are that if a regiment of 1,300 men should be assembled in any section and kept in a camp, the sanitary conditions of which were perfect, one or more cases of typhoid fever would develop.

Typhoid fever is disseminated by the transference of the excretions of an infected individual to the alimentary canals of others.

Flies undoubtedly serve as carriers of the contagion.

Typhoid fever is more likely to become an epidemic in camps than in civil life because of the greater difficulty of disposing of the excretions from the human body.

A man infected with typhoid fever may scatter the infection in every latrine of a regiment before the disease is recognized in himself.

Camp pollution was the greatest sanitary sin committed by the troops in 1898.

It may be stated in a general way that the number of cases of typhoid fever in the different camps varied with the method of disposing of excretion.

Our board has recommended that in permanent camps where water-carriage can not be secured, all fecal matter should be disinfected and then carted away from the camp.

Infected water was not an important factor in the spread of typhoid fever in the national encampments in 1898.

Personal contact was undoubtedly one of the means by which the infection was spread.

It is probable that the infection was disseminated to some extent through air in the form of dust.

After a command becomes badly infected with typhoid, change of location, together with thorough disinfection of all clothing, bedding and tentage is necessary.

Except in cases of most urgent military necessity one command should not be located on a site recently vacated by another.

It is desirable that the soldier's beds should be raised from the ground.

Malaria was not a prevalent disease among the troops that remained in the United States.

The continued fever that prevailed among the soldiers in this country in 1898 was typhoid fever.

About one-fifth of the soldiers in the national encampments in the U. S. in 1898 developed typhoid fever.

Army surgeons correctly diagnose a little less than half the cases of typhoid fever.

The percentage of deaths among cases of typhoid fever was about 7.5.

More than 80 per cent. of the men who developed typhoid fever had no preceding intestinal disorder.

The deaths from typhoid fever were more than 80 per cent. of the total deaths.

An Aseptic Soap Container.—By Stuart McGuire, M. D., Professor of Principles of Surgery and Clininal Surgery, University College of Medicine; Surgeon in Charge St. Luke's Hospital; Visiting Surgeon to Virginia Hospital, Richmond, Virginia:

"Experiments in bacteriological laboratories show that green soap, as purchased in the market, is usually infected with microorganisms. It is, therefore, important for the surgeon who desires to do clean work to use some method for sterilizing it, and to provide some Container to prevent its subsequent infection. Personal observation in several leading hospitals, where asepsis was carried to the point of sterilizing iodoform and investing the hands in rubber gloves, failed to note a single instance where an effort was made to eliminate the possibility of infection from the soap dish. The almost universal custom was to have an open jar or bowl of green soap on the wash-stand, into which the operator, assistants and nurses freely inserted hands always soiled from routine work, and sometimes actually septic from a previous operation. This practice was so repugnant to the writer's surgical conscience, that he has made repeated

but unsuccessful efforts to find a Soap Container on the market which would correct the evil. With the aid of Powers & Anderson, instrument makers, of Richmond, Va. he has lately perfected a simple device, which, after use, has proven eminently satisfactory. It is made of metal, nickel-plated, and consists of a base or piston, a cup or barrel, and a cap or stopper. The method of operation can be seen by a glance at the accompanying cuts. After the barrel has been partly filled with soap, it is placed in a sterilizer and boiled for an hour. It is then placed again on its base and allowed to cool. When soap is needed the cap is removed and downward pressure causes the soap to protrude through the opening in the top. The apparatus, as at present manufactured, is six inches in height and three inches in diameter. It works practically like the collapsible tube used by artists for their paints, with the exception that when it is empty it can be refilled. Only the desired quantity of soap is exposed, and the bulk is perfectly protected from infection. The apparatus is clean, economical and durable."

The Value of the Angiotribe.—This subject was discussed interestingly at the last meeting of the American Medical Association. Appropriate papers were read by CARSTENS (*Journal*, July 21), by H. M. TAYLOR and by NEWMAN (*Journal*, August 4).

(a.) CARSTENS referred especially to its use in vaginal celiotomy, relating for example the case of a young girl with a prolapsed ovary. "With a small opening in the cul-de-sack, you can pull down the ovary and tube, apply your angiotribe, crush the tissue and cut off the diseased parts. It takes only a few minutes, and in a few days the patient is well with nothing to show that she ever underwent an operation, while the danger is virtually *nil.* He prefers the Thumin instrument, (Berlin), on account of its narrow blade and handled lever. He uses the angiotribe also in abdominal hysterectomy without ligatures and considers it safe, but has not hesitated to apply ligatures to bleeding points when necessary for the safety of his patients. (b.) TAYLOR speaks of the angiotribe in abdominal surgery, having used it in 25 or 30 cases of supra-pubic sections, mostly simple conditions—uncomplicated hysterectomies, ovarian cysts, diseased tubes, etc. In only one case—an infected and thickened omentum surrounding a necrotic appendix—did he fail to secure complete hemostatis. His limited experience sustains fully the advantages claimed for the angiotribe. The precautions are simple, viz., apply at right angles to the blood vessels and for 3 minutes. He thinks post-operative shock is markedly diminished, and convalescence rendered shorter and more rapid, and that there is a distinct need for the instrument in view of the occasional instances of suppuration from ligature material of every kind. (c.) NEWMAN mentions that he was

the first to introduce the angiotribe in this country, ante-dating Dr. Cleveland by a week, and states that he has modified the origimal to fit it for both abdominal and vaginal use. He sums up the following rules for its employment: 1. The instrument must be faultless, and thoroughly tested before using. 2. Do not use it upon omental or like fragile tissue. 3. Avoid handling the stump after severing the clamp. 4. It is not necessary to cauterize the thin edges of the stump, except when there are infectious germs to be destroyed. 5. As there is no oozing from surfaces amputated in this way, no drainage is required. 6. Compression of 3000 pounds for a minute or more should be practiced in all very vascular areas. 7. In softened, edematous conditions, there is the same danger of cutting and breaking of tissue with the angiotribe as with the ordinary ligature. 8. In applying on pedicles, care should be taken to equally distribute the tissues within the bite of the forceps. 9. The use of the angiotribe requires as much skill and judgement as other and apparently more complicated surgical procedures.—H. A. R.

When to Operate in Appendicitis, and Why.—This is the title given to a stenographic report of remarks made before the Chicago Medical Society, by John B. Murphy (*International Journal of Surgery*, June, 1900). The reduction in mortality from 10 to 20 years ago is due both to better medical and better surgical treatment, with the credit enormously in favor of the latter. Acute infective appendicitis is the condition for which operation is most often needed, the infection being in 99 per cent. of the cases, for the first 24 hours, confined to wall of the appendix. The other 1 per cent. includes rare cases of primary perforation from fecal concretions. In the second 24 hours the condition varies from pus or inflammatory debris in the appendix to gangrene, perforation and general peritonitis at the end of 48 hours, death occurring more often in this period than at the end of the first 24 hours. After 48 hours and with each hour the number of cases increases in which the infection is extending beyond the limits of the appendix. The train of symptoms in the beginning is so typical than we can make an absolute diagnosis inside of the first 24 hours, at a time when the infective material is still circumscribed by the wall of the appendix. Wait another twenty-four hours and we can still probably make the diagnosis, with a fair statement of the case, but we cannot say in most instances, after 48 hours, whether the case is progressing toward a favorable or unfavorable termination. The symptoms may subside; the pulse may be as low as 84, the temperature 99°; the pain entirely gone, and yet the appendix be completely gangrenous without adhesions. Cases of appendicitis are dying every day—a large per cent, of them in our large cities among popular influential people and within reach of competent surgical treatment—because either the medical man is incompetent or the surgeon too cowardly to face the music and take the responsibility of the risk. If diagnosis can be made in the first 24 hours Murphy thinks we can operate during that period with a maximum mortality of two per cent., as he has never seen a death from a case operated on inside of 24 hours. Danger from operation increases with time, as we see from the pathologic conditions in the abdomen, and the mortality in cases after 48 hours is enormously greater than two per cent. There is no ground, then, for putting off operation, if that is the line of procedure, beyond the first 24 hours. The chances for the patient are much better and the surgeon is much more certain of his results. The cases which have progressed to general septic peritonitis may be treated according to the aspects of each case and the opinion of the physician, but he treated three conservatively by medical means and all died, while in the past ten yeare he has operated on a

number and occasionally one of them would get well. The medical man has not done one-half the damage that the lukewarm and indifferent surgeon has to the subject of appendicitis. The surgeon, who, at the end of 24 hours, says that he can predict the course a case is going to take, from the appearance of the patient and the general symptoms manifested, is mistaken. His conclusion: (a.) We are not justified in holding a single case of appendicitis beyond the first twenty-four hours after the diagnosis is made. (b.) In an enormous percentage of the cases, the diagnosis can be made as absolutely in the first twenty-four hours as it can at any other time. H. A. R.

[Repeated discussions of this subject only serve to bring out more strongly the facts that appendicitis is a surgical disease, that there is no medical treatment which will cure it and that the best results are obtained by those who operate early. The more one sees of the cases which come to operation and the after-history of those which do not, the more is one forced to accept the views of Dr. Murphy given above. His statements are honest, his knowledge of the pathology clear, his reasoning just and his conclusions sound. R.]

The Wiles of the Patent Medicine Man.—Representative Otey was once asked how his picture came to appear among the great number of noted statesmen and public men whose lives had been saved by the use of some sort of a nerve tonic.

"It was this way," said Otey. "My wife was induced to buy a bottle of the stuff, aud just to satisfy her I consented to take some of it. There was nothing the matter with me, but she had read an advertisement somewhere and fearing that my health was not as good as it might be, she bought the medicine.

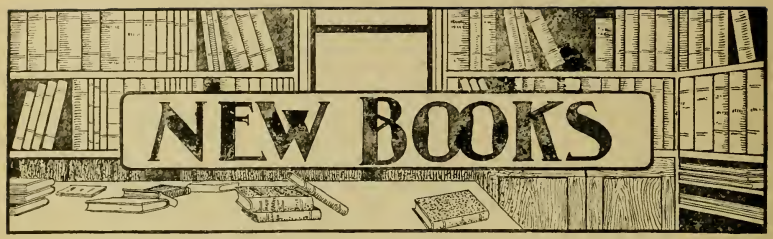
"I think that stuff did you good," she said to me one day.

"I guess it did," I answered, "but don't buy any more of it." Some little while after this Mrs. Otley mentioned to some of the neighbors that I had taken the medicine and thought highly of it. So the matter got talked about I suppose, and a few days later Mrs. Otey got a letter from some one asking her what I thought of the infernal compound.

"Without suspecting the writer of being an agent of the medicine company my wife wrote a brief reply, merely stating that I had taken a bottle of the liquid and found its effect beneficial. Within ten days my picture was appearing in all the newspapers of the country as a noted member of Congress, whose system had been toned up and his life prolonged by the use of Dr. Somebody's mixture.

"Big posters bearing my likeness were also put out, and, although I was indignant, I did not see what I could do, for, you see, they had really secured a letter from my wife."—*New York Morning Telegram.*

The Hills are Green Far Away.—"Here is the strangest thing in the world," says the *Wichita Eagle*, in a local item from Kingman paper: "A. J. Bittner went to Wichita yesterday to consult a specialist in regard to his eyes." Local item in Wichita paper: "K. L. Brown left yesterday for Chicago to take treatment from an eye specialist there. He fears he may lose his sight." Local from Chicago paper: "R. J. Beaver, president of the Sixth Street National Bank of this city, left yesterday for New York to have Professor J. Agnew, the famous New York specialist on the eye, treat his eyes which have been troubling him." Local from New York paper: "J. Peter Stuyvesant, of Fifth Avenue, sailed on the Kaiser Wilhelm yesterday for London, where he will be under treatment for the eyes, of S. J. C. Kavenaugh, S. N. A. B." Local from London paper: "The Rt. Hon. Percy Fitzhugh Bighton is sojourning in Paris, under the treatment of the great oculist, Lemaitre Trebon."



Pathological and Surgical Treatment of Tumors—By N. Senn, M. D., Ph.D., LL.D., Professor of Surgery and of Clinical Surgery, Rush Medical College; Professor of Surgery, Chicago Polyclinic; Attending Surgeon to Presbyterian Hospital; Surgeon-in-Chief St. Joseph's Hospital, Chicago. Octavo volume of 710 pages, with 478 engravings, including twelve full-page colored plates. New and Revised Edition. Price, cloth, $5.00 net; half morocco, $6.00 net. W. B. Saunders, 925 Walnut street, Philadelphia, Pa., 1900.

Dr. Nicholas Senn is a recognized authority upon this subject, his past labors in the field of surgical pathology having deservedly given him a place of the first prominence among investigators and writers. It is therefore with a feeling of satisfaction that the present work upon the Pathology and Surgical Treatment of Tumors will, on careful examination, prove not only to be what might be justly expected of the author from former experience, but a master piece upon the subject of which it treats. It is the most exhaustive recent work on tumors in the English language and will no doubt for some time to come occupy the foremost place of authority on the subject.

Dr. Senn classifies tumors according to the theory of their origin and a special effort has been made in each case to trace the morbid growth back to its proper anatomical and histogenic source. From the scant notice given to the microbic theory of the origin of tumors, we would infer that the author is unfavorably impressed with the ideas advanced by the advocates of this theory.

A very valuable portion of the book to students and general practitioners is the first part, which is devoted to a general consideration of tumors. Here the general reader will find much information that it would be difficult to obtain elsewhere.

We especially admire the illustrative features of the work; in many cases the microscopical pictures of tumors under consideration is almost as perfect as could be obtained by looking through an instrument at a well mounted specimen.

The mechanical part of the work is gotten up with the usual taste and completeness characteristic of the publisher, Mr. W. B. Saunders.

The International Medical Annual and Practitioner's Indext.—A Work of Reference for Medical Practitioners. By Forty Editorial Contributors. 1900. Eighteenth year. New York. Treat & Co. 660 pages. Cloth, price, $3 00.

The present volume of this well and favorably known Annual is even better than any of its predecessors, at least so far as regards the amount of matter it contains. The broad survey taken of the field of medicine, which

is covered more thoroughly than ever before, combined with plates and engravings, largely original and of unusual excellence will make this work of especial interest to the practitioner. Without going into particulars upon any part of this volume, in which the several divisions are equally well handled, we would call attention to the annual Notes on Legal Decisions, by Judge Farrington. So far as we are aware there is no other work which reviews this field for the physician. What we have said of the scientific, may with equal justice be repeated of the mechanical part of the present issue of the Annual. It is in all respects excellent.

Progressive Medicine.—A quarterly digest of its Advances, Discoveries and Improvements. Edited by Hobart Amory Hare, M. D , assisted by Charles Adams Holder, M. D. Volume I, March, 1900. Lea Brothers & Co., Philadelphia and New York, Publishers.

Progressive Medicine begins its second year with the present volume, which will be found by its many readers fully up to the high standard of the issues during the past year. A more delightful and practical manner of keeping up with the ever progressive march of medical science, it would be difficult to find, and this opinion is aply justified by the unusual popularity attained by this publication in the relatively short time in which it has been before the procession.

In volume I for this year, will be found a very excellent article by Dr. DaCosta, upon Surgical Conditions of the Head, Neck and Chest, a very considerable portion of which refers to diseases of the mammary gland.

Dr. Packard has a very careful review of the Antitoxine Treatment of Diphtheria, a subject upon which every physician should be posted. Dr. Packard also gives the consensus of opinion as regards the proper treatment of typhoid fever, the painstaking care shown in its preparation making the article authoritative.

There are other articles in this volume—by Dr. Hektoen, on Pathology; Diseases of the Larynx, by A. Logan, of Edinburg; and on Otology, by Dr. Randolph, of Baltimore—which are of practical use.

Progressive Medicine. Volume II., 1900. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences, Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth. 401 pages with 81 engravings Issued quarterly Philadelphia and New York: Lea Brothers & Co. [Price, $10 per year.]

This volume contains articles on surgery of the abdomen, including hernia; gynecology; diseases of the blood; diathetic and metobolic diseases; diseases of the glandular and lymphatic system, and upon ophthalmology.

The first named subject covers 132 pages and is written by Dr. William B. Coley. The most recent phases of the surgery of the stomach is described as well as appendicitis, hernia, and abdominal tumors. A feature of interest is the delineation of the use of the X-rays in the location of abdominal calculi.

The section on gynecology is by Dr. John G. Clark, and is well presented and illustrated. Diseases of the blood and disorders of metabolism are most admirably discussed by Dr. Alfred Stengel. The entire literature of the subject has been thoroughly covered and presented in a practical and interesting form.

The section devoted to ophthalmology is prepared by Dr. Edward Jackson and it is needless to say has been well done. The year's events in these several fields have been well compiled and the volume is a distinct addition to the library needs of busy physicians.

The Treatment of Fractures. By Charles Locke Scudder, M. D., Surgeon to the Massachusetts General Hospital, Out-Patient Department; Assistant in Clinical and Operative Surgery in the Harvard Medical School. Assisted by Frederic J. Colton, M. D. Octavo, cloth pp. 433, with 585 illustrations. Price, $4.50 net. W. B. Saunders, publisher, 925 Walnut street, Philadelphia, 1900.

An exact knowledge of anatomy combined with accurate observation is the only reliable basis for the correct diagnosis and treatment of fractures, and the auther recognizing this fact has produced a work especially fitted for students and practitioners. The details of treatment are carefully described and wherever possible, illustrated. We particularly admire the mechanical simplicity in the management of fractures advocated by the author. This avoidance of anything like special apparatus is carried to the extent of carefully omitting mention of splints or appliances of special manufacture as likely to distract attention from more important matters. The term "open" and "closed" instead of the old term "simple" and "compound" is recommended and used. The illustrations are largely tracings made after the use of the Roentgen X-rays and are a most excellent feature of this valuable work.

The American Year-Book of Medicine and Surgery.—A Yearly Digest of Scientific Progress and Authoritative Opinion in all Branches of Medicine and Surgery, drawn from Journals, Monographs and Text-Books, of the leading American and Foreign Authors and Investigators, collected and arranged with critical Editorial Comment by fifteen Collaborators, under the Editorship of Dr. George M. Gould. Published in 1900, in two volumes, by W. B. Saunders, Philadelphia. Price, cloth, $3.00; in half morocco, $3.75 per volume.

The editors and publishers have made a change that will add greatly to the convenience of the reader, by making this issue of the Year-Book in two volumes of 600 pages each, and separately indexed. For the further handiness of the work, the subjects treated are divided between the two volumes in such a manner that one volume contains all matter pertaining to medicine, while the other treats entirely of surgical subjects. By this arrangement the medical or surgical specialist can purchase separately either volume. The work contains a wealth of information, and to one who wishes to keep abreast of the progress of the times, it is indispensable. The volumes are unstintingly illustrated, well printed, well bound, and exhaustively indexed.

The Bookman, published by Dodd, Mead & Co., is among the most interesting of the magazines, as a glance at the August contents will indicate. Chronicle and Comment; Here and There; The Modern School of Canadian Writers, by Winfred Lee Wendall; An American Publisher of a Hundred Years Ago, by Luther S. Livingstone; A Famous Paris Bookbinder, by Marie L. Van Vorst; London Punch as a Literary Chronicle; and many other articles of interest. The most striking feature of 1900 Bookman is its continued story, "Stringtown on the Pike," by John Elri Lloyd, M. D., begun in the March number.

The story is laid in Kentucky and deals principally with Kentuckians. One of the foremost characters in this delightful story is "Old Cupe," an old-time darkey—one of a class now nearly extinct, into whose mouth the clever author puts the most delightful and entertaining dialect it has been our good fortune to read.

Scribner for August is "The Fiction Number," and appears in a special cover design of nine colors.

The special features of the August (Fiction) number of *Scribner's* include a "New Animal Story," by Ernest Seton-Thompson, profusely illustrated by himself; a "New Story," by Edith Wharton, illustrated by Max-

field Parrish; an amusing story of rural experience, entitled "Green Pigs," by S. H. Preston, most humorously illustrated by A. B. Frost; a "Love-Story" by J. R. Perry, illustrated by H. C. Christy; and a "Short Play," by George A. Hibbard, illustrated by Henry Hutt; there are also stories by Albert Biglow Paine and Arthur Colton, while J. M. Barrie's great serial story, "Tommy and Grizel," continues with increasing interest.

Richard Harding Davis's articles on the Boer War in *Scribner's* have been characterized as "unique in war correspondence." He has written for the August number what will be considered as the most important of these articles. This article tells of "Pretoria in War Time," and contains an interview which Mr. Davis had with President Kruger. Mr. Davis's vigorous comments on the conduct of the British officers will cause surprise, and will give to the article a very special interest. The article is illustrated from photographs.

The Boer and Briton.—The war in South Africa has enabled us to draw a comparison between the physical and moral condition of a republic, isolated to a certain extent in the wilds of the dark continent, only a small part of which has yet been opened to civilization, and that of one of the oldest and most advanced in civilization in the world. The London *Lancet* in discussing the question states in the most emphatic terms that the physical and moral superiority of the Boer, man for man, is vastly superior to the Briton. The reasons are obvious. The Boer lives in the open air. The houses are far apart, necessitating long rides or walks to meet each other. He is comparatively free from temptation, and his life is in every respect, in business and socially, one of moderation. He knows nothing of the dissipation of the rich nor the squalor of the crowded tenement of the poor. The Boers are taller and stronger physically than the English, less nervous, more temperate and capable of much greater endurance. Even in cities the Boers practice the primative rule of early to bed and early to rise. President Kruger goes to bed at eight and rises at five. Drunkenness is comparatively unknown, and sexual diseases exist only to a limited extent. "How frequently," says the *Lancet*, "on the other hand are British soldiers incapacitated by sexual diseases and punished for drunkenness. No wonder then that nearly every Boer is not only able to serve in war, but is healthier and stronger than the men picked for the army by our doctors. If all our male population between the ages of fourteen and sixty were called out, what a sorry spectacle it would make, compared with a similar Boer force. The British army is an infinitesimal minority of selected men, especially fitted to be soldiers. It is easy to imagine what would happen if all our men were called to arms. Victory in modern wars is with the people who have the best sharp-shooters. Psychologically that means the people who have the strongest nerves. To remain cool, quiet and capable in battle is the main requirement. To this must be added the ability to stand exhausting marches in which, doubtless, the countryman is better fitted than the townsman." The picture drawn by the *Lancet* of the two peoples, the Boer and the Briton, is a most telling one, teaching a lesson of frugality, of physical training and of freedom from those vices which sap the strength of any community, which, if rightly read and practically followed will offset in real value, far more than the loss and suffering of the entire war. If England conquers and absorbs these little republics, which have shown such heroic valor, as she undoubtedly will, it will be by the power of numbers, accomplishing by the strength of its armies what it could not have done if the forces were in any respect numerically equal.—*Medical News.*

Nature and Science.

Art and Nature.—A bulletin of the New York Zoological Society reports that the experiment of decorating the walls of the bird-house with paintings of landscapes has had at least one interesting result—the cranes have several times tried to walk through them.

Steering By Electricity.—The principle of wireless telegraphy has been applied to the steering of torpedoes, and tests made in England recently appear to show that the system is practicable. Starting with the fact that torpedoes can be steered by electro-magnets acting upon their helms and connected by wire with the shore, Mr. Varicas, the inventor of the new system, undertook to get rid of the wires by substituting for them the Marconi electric impulses. In the experiments made near Weymouth, a model torpedo, four feet long, was employed in a swimming-bath, and the Marconi apparatus was set up at the ends of the bath, which is 300 feet long. The model also carried a projecting wire to recieve the electric waves. It was steered in every direction successfully.

New Rubber Substitute.—From a shrub called *yule*, growing wild in central Mexico, a new substitute for india-rubber has recently been produced. The bark and wood are ground up and macerated with gasoline, oil of turpentine, naphtha, or some other hydrocarbon solvent, and the gum thus extracted resembles crude rubber. It is free from impurities, and can be readily manufactured into various commercical forms. The shrub yields 40 per cent. of its weight in gum.

Finding a Very Ancient Ancestor.—The blue coral is known as one of the most isolated of living animals. It has been described as the only species of its genus and the only member of its family "with no close living relations and no known ancestors." Recenty, however, Prof. J. W. Gregory has discovered in the British Museum what he believes to be an ancestor of the lonely blue coral in a fossil coral of the Cretaceous period, called Polytremacis.—*Youths' Companion.*

A Practice closely akin to hibernation is said to be general among Russian peasants in the Pskov government, where food is scanty to a degree almost equivalent to chronic famine. Not having provisions enough to carry them through the whole year, they adopt the economical expedient of spending one-half of it in sleep. This custom has existed among them from time immemorial. At the first fall of snow the whole family gathers around the stove, lies down, ceases to wrestle with the problems of human existance and quietly goes to sleep. Once a day every one wakes up to eat a piece of hard bread, of which an amount sufficient to last six months has providently been baked in the previous autumn. When the bread has been washed down with a draught of water, every one goes to sleep again. The members of the family take it in turn to watch and keep the fire alight. After six months of this reposeful existence the family wakes up, shakes itself, goes out to see if the grass is growing, and by and by sets to work at summer tasks. The country remains comparatively lively till the following winter, when again all signs of life disappear and all is silent, except we presume for the snores of the sleepers. This winter sleep is called "lotska."—*Medical Age.*

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Med. prop.—Anodyne. Dose, 1 to 2.

Ext. Ignatia Amara.....¼ gr.
Med. prop.—Nerve Sedative. Dose, 1 to 2.

Ext. Cannabis Indica.....¼ gr.
Med prop.—Anodyne. Dose, 1 to 4.

Ext. Hyoscyam, (English).....¼ gr.
Med. prop.—Nerve Stimulant. Dose, 1 to 3.

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Med. prop.—Nerve Stimulant. Dose, 1 to 3.

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Morphinae Sulph.....1-20 gr.
Med prop.—Anodyne.

Morphinae Sulph.....1-10 gr.
Med prop.—Anodyne. Dose, 1 to 2.

Morphinae Sulph.....1-6 and ⅛ gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Morphinae Sulph.....¼ and ½ gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Podophyllin, 1-10, 1-6, ⅛, ¼, and ½ gr.
Med. prop.—Cathartic. Dose, 1 to 4.

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Med. prop.—Cathartic and Tonic. Dose, 1 to 2.

Podophyllin	½ gr.
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Strychnine, 1-16, 1-20, 1-30, 1-32, 1-40, 1-60, and 1-100 gr. Med. prop.—Nerve Stimulant, Tonic. Dose, 1 to 3.

Strychninae Sulph., 1-16, 1-20, 1-30, and 1-32 gr. Med. prop.—Tonic. Dose, 1 to 2.

Veratrinae Sulph., 1-12, 1-40, 1-60, and 1-100 gr. Med. prop.—Powerful Topical Excitant. Dose 1.

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Therapeutic Experiences and Suggestions.

The object of this department is to afford the profession an opportunity to discuss, pro and con, the newer therapeutic agents.

The Portal Circulation.—By T. E. Converse, M. D., Louisville, Ky.—In a large majority of troubles that come to our attention the first manifestations are indicated by the liver, and if the function of this organ can be restored to a normal condition a great many of these troubles can be aborted. Chronic constipation often starts in a congested or obstructed portal circulation and soon all the incidental manifestations of constipation are evidenced. In congested or obstructed portal circulation we want to remedy several conditions. One is to relieve the engorgement of the liver, another to remove the excess of bile in the gall bladder; another to increase the peristalic action of the small intestines; and to see that the rectum is free from impacted feces. The rectum and liver are intimately associated through the hemorroidal arteries and irritation of the rectum deranges the liver, and vice versa. Drastic purges or cholagogues are not indicated, but a stimulating cholagogue which empties the gall bladder is preferable. The bile in the intestinal tract increases the peristalsis and in some cases this movement has to be assisted. These indications are fulfilled in the use of Chionia, which is an hepatic stimulant, and indirectly but surely a reliable laxative.

In the treatment of derangements of the portal circulation, if the lymphatics are strengthened and stimulated we get an amelioration of the symptoms. Drastic purges are generally used for this purpose, but they will frequently congest the hepatic glands and in all probability increase the constipation already existing. Chionia stimulates the hepatic glands without producing congestion and also increases the secretion of bile. Through its regular action on the portal circulation, and its stimulating effect upon the liver, the functions of this organ are increased or restored to normal. In the use of all drugs which act as laxatives or purges it is of great importance that the rectum should be free from impacted feces, and enemas should be used for this purpose, in preference to suppositories, for the latter will often cause a rectal irritation.

Seng surpasses anything I have ever used in cases where there is a deficiency in the functions of digestion and assimilation. It gives the stomach vigor and tone. I keep it on hand at all times.

J. H. Brenton, M. D.,
Stiner, Tenn.

A Mark of Progress.—One fact of enormous importance that has been developed by the widespread discussion concerning the proper treatment of infantile diarrhœa is, that it is positively harmful to administer food until the very acute inflammatory condition of the gastro-intestinal tract has subsided. In these cases the mucous membrane is swollen, congested, covered with thick, tenacious mucus and the fermenting products of food decomposition. In such instances food acts as a foreign body and therefore aggravates the existing conditions. The first rational step in treatment is to check intestinal fermentation, allay congestion and favor the healing of the ulcerated intestinal mucous membrane. Gray's Glycerine Tonic Comp. accomplishes these

bjects in a surprisingly short time because its ingredients have a selective pecific action upon the seat of inflammation. Administered early in ordinary orms of catarrhal enteritis it will frequently prevent the progressive develop- nent of the more severe and intractable forms of the disease.

This remedy paves the way for the successful administration of intestinal stringents; it removes the foreign materials covering the mucous membrane o that astringents have an opportunity of coming immediately in contact vith the diseased surface. After the acute period of the disease has subsided, Gray's Glycerine Comp. can be confidently relied upon to repair the waste f tissue and energy occasioned by the disease. The Purdue Frederick Co. 5 Murray St., New York.

Warner's New Therapeutic Reference Book.—Regarding this hand-book f therapeutics, we wish to say it is one of the very few guides of its kind ow offered students and busy practitioners. As its preface states, it is not ntended to teach graduates anything about therapeutics, but it is to be re- arded rather as a handy aid to a poor memory. Many exceedingly valuable ables are represented, including the metric table, thermometric equivalents, tc., valuable tests for various matters, including urinary tests for albumen, ugar, etc., etc., comparative values of certain feeds, a complete dose table of rugs, a list of diseases and their remedies, hints as to indicatians of preg- ancy, recommendations as to post-mortem examinations, etc., etc. The rief mention above gives but a faint idea of the many valuable departments f this new book.

The subjects are interesting and are written in such a manner as to give comprehensive idea of what is in the author's mind. "Warner's New Therapeutic Reference Book" must not be confused with "Warner's Thera- eutic Reference Book." The latter has been discarded, the new one taking s place. So many new features have been added and the other parts en- rely re-written to a great extent, that it may be termed a new book.

It is bound in two styles, one leather, at 50 cents; and the other a eatherette, at 25 cents per copy, postage prepaid in both instances.

Sanmetto in Prostatitis and Cystitis.—Dr. F. R. Dobson, of New Orleans, a., late Surgeon U. S. A., writing, says: "While Surgeon in First Divis- on Hospital, stationed at Jacksonville, Fla., I had occasion to see an inter- sting case of prostatitis treated with Sanmetto, with entire success. The atient was a private in the Second Nebraska Vol., and his condition upon ntering the hospital was deplorable, the bladder being distended with urine, he overflow dribbling constantly. His condition was traceable to gon- rrheal infection. Since my return to New Orleans I treated with Sanmetto case of purulent cystitis, which had resisted all other treatment. The esult of the taking of one bottle of Sanmetto was permanent relief."

Sanmetto in Hematuria.—E. B. Gilbert, M. D., Ph. D., of Carbon, exas, writing, says: "I used Sanmetto on a patient who had hematuria f long standing, and it gave the very best of results. The gentleman came ack to my office about ten days after I prescribed Sanmetto for him, and aid he had tried four doctors (naming them), and had gotten no good esults, but that I had cured him. He being a very influential man, and I eing a young physician, it has been worth quite a lot to me in the way of ractice. I have on hand at present, three genito-urinary cases, who came o me for treatment, as a result of the success I had on that special patient, who would otherwise have gone to their family physicians."

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THE CAROLINA Medical Journal.

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suggesting the articles of food to be allowod or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LAMBERT'S LITHIATED HYDRANGEA.

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THE CAROLINA

MEDICAL JOURNAL

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THE DIVISION OF FEES WITH SPECIALISTS.

That this has of late been the subject of frequent editorials, and of special contributions to medical journals, is due, doubtless, to the fact that the practice is becoming more general. It seems to be as difficult to decide whether the custom is ethical, as it is to decide whether appendicitis calls for immediate operation. Men of distinction and presumably high ethical standing, both among the specialists and the general profession, array themselves on either side. We have recently read an extract from an address made by a prominent western surgeon and editor, in which he advocates the custom. He cites the legal profession as establishing a precedent in the matter which should guide the medical man. If a lawyer is engaged to defend a man in a case which involves his life, he makes application to a distinguished lawyer in one of the larger cities soliciting his cooperation. He states that the client is able to pay $2,000 for his defense and the eminent lawyer is asked if he will accept $1,500 for his services, thus leaving $500 for the lesser light. Such an agreement the western surgeon considers perfectly proper and sets it as an example to be followed by members of the medical profession.

Probably the difference of opinion among the debaters of the question is due to different ideas about the method that is used in arriving at the amount each one to the party is to receive. To our mind the thing is right and therefore necessarily ethical if there is no deception connected with the transaction. If there be deception that makes it dishonorable—therefore unethical. Let us cite two cases: Mr. A. is suffering with recurrent

appendicitis and on the advice of his physician, Dr. B., he decides for an operation during an interval. Dr. B. desires Dr. C. to operate and writes him as follows: "I have a patient who has had several attacks of appendicitis, and upon my advice he desires you to operate within the next two weeks. He cannot incur an expense of more than $200. As he wishes the operation done here, I will have charge of the after treatment, and feel that my services will be worth $50. Are you willing to come and perform the operation and present your bill to him for $150?" The offer is accepted; the operation is performed with success; Dr. C. presents his bill for $150, and Dr. B. presents his for $50. No one can call such an agreement unethical. Again: Mrs. X. has an ovarian tumor which has to be removed. She has been under treatment of Dr. Y. several months, and has paid him at each presentation of his account. She decides for operation and will go to the hospital and surgeon suggested by Dr. Y. Dr. Y. writes Dr. Z., an eminent gynecologist as follows: "Mrs. X. has an ovarian tumor, which she has, upon my advice, decided to have removed. She will come to the hospital and is able to pay $600 for the operation, and will follow my suggestion in regard to which hospital to go to. I feel that I should have something out of the operation. Should I decide to send her to you would you be willing to do the operation for that amount and allow me $100?" This offer is accepted; the patient goes to the hospital; the operation is performed and relief follows; Dr. Z. presents his bill for $600, is paid and sends $100 to Dr. Y. No one with any high sense of honor could call such an agreement ethical, honorable or honest.

The writer asserts that there is no need for a code of ethics for a gentleman, and the code would do no good with one who is not a gentleman. It is impossible to formulate a code comprehensive enough to cover all the points which may come up day after day in the experience of a physician. Anything which is honorable, upright and becoming a gentleman is ethical. Anything that is dishonorable, underhand or deceptive is unethical. A man's own conscience must decide each instance as it arises.

INJECTION OF COCAINE INTO THE SPINAL CANAL FOR PURPOSES OF ANÆSTHESIA:

Most of our readers are no doubt familiar with the work of Pfaundler and others in pucturing the spinal canal for purposes of diagnosis and curative effects in cases of cerebro spinal meningitis and the various inflammatory affections of the meninges. In a recent communication to the *Philadelphia Medical Journal* Dr. George G. Hopkins, of Brooklyn, N. Y., gives an interesting account of Professor Tuffier's method of producing general anæsthesia, as witnessed by him in Paris. The nearness of the method together with the extraordinary success Professor Tuffier seems to have had with it is sufficient excuse for a somewhat lengthy quotation from Dr. Hopkins' article. Professor Tuffier published in May last a plan of procedure whereby it was possible to suspend sensation throughout the entire body, while the patient preserved entire consciousness of his surroundings. At that time he had used his method in 63 cases and since then has added 107 more cases to his list. Professor Tuffier employs 2% solution of cocaine which he introduces into the spinal canal between the fourth and fifth lumbar vertebræ by means of a specially contracted syringe armed

with a platinum needle. In from four to ten minutes there is a general and complete anæsthesia of the sensory nerves throughout the body, with but slight effect upon the motor powers and none whatever upon consciousness. The dose of cocaine does not exceed 2 cgm. and the solution must be freshly prepared and absolutely steril. The anæsthesia continues for 1½ to 2 hours and is usually unaccompanied by nausea or vomiting. In Professor Tuffier's hands this method has never given rise to any unpleasant effects from the cocaine. As an instance of the class of cases which have been operated upon in this manner we quote the following as witnessed and reported by Dr. Hopkins:

"The first operation was a gastrotomy. The case was that of a man, 50 years of age, suffering from cancerous obstruction of the pharynx. The mass involved the entire left side of the neck, extending from the superior maxillary articulation to the sternum, dipping back to the spine and including all the vessels and muscles of that side of the neck. The patient was anemic and greatly emaciated. Observing asepsis and antisepsis, the needle was introduced between the fourth and fifth lumbar vertebras. The patient was placed upon the operating table, and the assistant prepared the site of operation. In 10 minutes M. Tuffier began his incision for gastrotomy. The man was interrogated from time to time during the operation, which lasted about 35 minutes, and said that he had not the slightest sensation of pain, and his eyes being covered, he could not tell where the operator was cutting. The pulse was slightly accelerated and the patient had some nausea, but it was of a passive kind; there was no retching.

"The second operation was for the radical cure of inguinal hernia. The patient was a man, 30 years of age, in fine physical condition—a magnificent specimen of muscular development. The injection was made in the same region, and with the same precautions. In 10 minutes insensibility was complete. M. Tuffier operated with great deliberation, consuming about 25 minutes. The patient said he had not the slightest sensation of pain, and certainly did not in any way indicate that he suffered. He said he could not tell by his feelings whether the surgeon was operating upon his abdomen or his arm. He had no nausea.

"The third operation was for the removal of a bullet, lodged in the femur near the knee joint. It had entered about the middle of the thigh and passed downward. This man was 25 years of age, and a strong, healthy subject. The cocaine injection was made in the same region, and with the same precaution as in the other cases. The patient experienced no pain during the operation. The cut was a longer one, and the search very thorough. This patient had nausea.

"The next operation, the day following, was an abdominal hysterectomy. The patient was a small, spare woman, about 40 years of age, and was evidently a great sufferer. The injection in this case was made with the same care as in the other cases. This operation took 70 minutes, as there were extensive adhesions and both ovaries were cystic and had to be removed before the uterus could be reached. This patient had considerable nausea of a passive kind. She said that she did not experience any pain, and had no sensation that would indicate to her where the operation was being done."

Linen is entirely unsuited for the proper application of ointments to the skin, and still it is popularly thought essential.

Medical News and Items.

Smallpox is again devastating Montreal.

Dawson City reports several cases of smallpox.

Bubonic Plague has broken out in Glasgow, Scotland.

Cholera and the Plague are ravaging the famine district of India.

Havana reported forty-five cases of yellow fever in July with sixteen deaths.

A School of Embalming is being established in London, under American teachers.

The Sultan of Turkey (philanthropist) has donated $2,500 to the Indian Famine Relief Fund.

La Grippe, or a disease resembling it, is prevalent in the Behring Sea region and is very fatal.

The New York School of Clinical Medicine has not been discontinued, as was reported last month.

Dr. Hunter McGuire, of Richmond, who sustained a hemiplegia some weeks ago, is so far improved as to take daily carriage exercise.

In Philadelphia, at the Presbyterian hospital, Dr. Willard recently operated successfully for strangulated hernia upon an individual who was one hundred years old.

Typhoid Fever is quite prevalent in Paris, at present, and as the water-supply is known to be infected, visitors to the Exposition will suffer unusual exposure to typhoid infection.

Dr. F. Savary Pearce has been elected clinical professor of diseases of the nervous system in the Medico-Chirurgical College of Philadelphia, succeeding Dr. C. W. Burr, resigned.

Plague in Nicaragua.—Under date of August 1st a report reaches us that pigs and rats are dying in great numbers in Nicaragua. The rats are very numerous and many are found lifeless in the streets and vacant lots. It is supposed that the hogs contract the disease from the dead rats.

Lung Diseases are increasing in the Royal navy, says Captain Rason. Since 1883 respiratory diseases in that service have increased 60 per cent. despite the abolition of masts and sails and the lessened exposure to cold and wet. Captain Rason suggests as possible causes for this increase, that the men live in hot, unlined steel ships and crowded together.

Tuberculosis has been decided by the Secretary of the Treasury and the Commissioner of Immigration, to be a contagious disease, and aliens ill with the disease will not be allowed to land in the United States. The first sufferer under this decision was a Japanese clergyman, who was not allowed to land at San Franciseo. He appealed and the decision cited above is the result.

The New York Medical Journal.—Owing to the financial trouble of D. Appleton & Co., the *New York Medical Journal* has been sold, the new owner being Mr. A. R. Elliott, owner and publisher of the *American Druggist*, who conducts an advertising agency in New York. Dr. Frank P. Foster continues as editor, a fact which must meet with the approval of all friends of the journal.

Hospitals are to be established for United States soldiers at Nagasaki, Japan, with a capacity of 500 beds, and at some point in China with double that capacity. The material for fitting up these hospitals is being collected and forwarded as rapidly as possible. Majors E. T. Comegys and P. F. Harvey, of the army medical department, started on August 20 and will assume charge as medical-supply officer and surgeon-in-charge of the base hospital at that point.

W. B. Saunders & Company, of Philadelphia, are about to establish a branch of their business in Great Britain. Mr. Saunders has recently spent several weeks in London, where all the arrangements preliminary to the opening of an English house have been completed. The London branch will be operated in immediate connection with the home establishment, and the same methods that have been so successful in building up the business in this country will be employed in the conduct of this new branch.

A Coroner's Diagnosis.—A physician in Philadelphia who attended a boy six years old, who died in convulsions, believed the symptoms to be those of hydrophobia, and so informed the coroner. There was a history that the child was bitten by a dog twenty-six days previously, and that he died in convulsions resulting therefrom. The coroner instructed the jury that he discredited the hydrophobia theory, and that his opinion was that death was due to the excessive heat, causing the convulsions. The jury found a verdict accordingly.

Christian Science.—Of all the quacks, charlatans, and pretenders in Christendom, the so-called Christian scientists are the most absurd in their apparent beliefs and practices; and how a sane human being can be so humbugged, fooled, misled—call it what you will—surpasses all intelligent understanding. This refers to their treatment of disease, not to their religious doctrines, whatever they may be; with the latter we do not presume to meddle, except when they concern the health and safety of human life as already shown.—*Dr. Mapes in Medical Age.*

Danger of Yellow Fever from Cuba.—Surgeon-General Wyman, of the Marine-Hospital service, has recently received a report from the chief quarantine officer at Havana, that during the month of August, up to the 26th, there had been two hundred and four cases of yellow fever reported at Havana, and thirty-four deaths. Many of the cases were very mild. There were eleven new cases August 27th. On account of the mildness of the cases and their short duration the surgeon-general has notified the various quarantine stations on the Atlantic and Gulf coasts to use particular care to prevent an importation of the disease.

Leprosy in the Philippines.—Surgeon-General Sternburg has received a report from Major Guy L. Edie, president of the board of health in Manila, stating that the board of health is considering a plan to segregate all the lepers on one island, where hospitals and other suitable buildings can be erected for their care. The report states that leprosy was introduced in the

Philippines in 1633, when the Emperor of Japan sent one hundred and fifty lepers to the islands. Since then the number has increased until the estimate is that there are thirty thousand lepers in the archipelago, largely in the Vasayas. In a recent inspection of Manila, one hundred lepers were found concealed in various houses, while many others escaped to the country. —*Medical Record.*

The Medical Record says that the city of Philadelphia can now, in consequence of the settlement of all litigation over the will of Dr. Evans, the American dentist who practiced in Paris for nearly half a century, proceed with the founding and establishing of the Thomas W. Evans Dental Institute and Museum. The institution has been incorporated, and it will be built on property that belonged to the testator in Philadelphia. About $3,000,000 will be devoted to the structure and its equipment and endowment. Dr. Evans left an estate amounting to a little over $4,000,000, one-quarter of which goes, under the terms of the settlement, to the direct legatees, mentioned in the will for smaller sums, and the remainder to the foundation and endowment of the Dental Institute and Museum.

Russia's Stupendous Anti-Alcohol Campaign.—It is now five years since the Russian government assumed exclusive control of the manufacture and sale of alcoholic liquors. In nearly all the provinces the saloon has been supplanted by the government shops, in which a guaranteed pure article is sold in a limited quantity to each customer. None is sold to those already intoxicated. These shops are located quite a distance apart and no one is allowed to drink liquor on the premises where sold. The system is supplemented by officially appointed local committees in each large town, which are supplied with funds to establish attractive temperance restaurants, reading-rooms, and people's palaces. They are expected to maintain a general crusade against the use of alcohol. A portion of the enormous profits of the liquor monopoly is devoted to this purpose.

Second Attacks of Typhoid Fever.—Dr. T. J. Maclagan, writing in the *British Medical Journal* regarding preventive inoculations for typhoid fever, says that the foundation of the treatment is a hypothesis which is inconsistent with fact. The idea is that, as one attack of typhoid gives immunity from a second, temporary if not lasting immunity might be acquired by inoculation with an attenuated dose of the poison. But one attack of typhoid does not give immunity from a second, he says. Second attacks of typhoid are as common as, by the ordinary doctrine of chances, they ought to be; more common, for instance, than second attacks of pneumonia, in about the same proportion that first attacks are more common. If one attack of the fully developed disease does not give immunity, he concludes, inoculation with an attenuated dose of the poison can scarcely be expected to do so.

Any Physician desiring to give his son or daughter a course of study in a business college, can save $10.00 on the price of tuition by communicating with this Journal. We have for sale a scholarship in Lee's Business College, Charlotte, N. C., including a guarantee of a position when the course is completed.

The London Chronicle states that great interest has been aroused in Germany by the alleged discovery of a specific against morphinism by Dr. Otto Emmerich, of Baden-Baden. It is a distilled vegetable oil of intense acidity, two or three drops of which is taken internally daily. In from three

to six weeks the patient acquires an intense loathing for the use of the drug. It is claimed for the discovery that it has proved infallible in numerous cases. Dr. Robert Koch, who for some months past has been in German New Guinea, with the object of studying malarial disease, has sent home a report, in which he states that he has been able to protect himself and his colleagues against malaria, and expresses the hope that his investigations will materially assist in combating this disease. His treatment of the white population, as well as of the natives, has resulted in freeing them from malarial symptoms.

Anti-Alcohol Teaching in the Public Schools.—The school superintendent of Cincinnati has forbidden the use of colored pictures showing to a greatly exaggerated degree the effect of alcohol upon the mucous membrane of the stomach and upon other organs. He says the pictures are unæsthetic and fill the minds of the children with unpleasant impressions, and give them false notions which will react harmfully on them in the future. He favors impressing upon the pupils the benefits of temperate eating and drinking, and not dwelling upon the horrors of an intemperate use of alcohol. He says he is in favor of giving instruction in hygiene and preventive medicine, and suggests that the city health department issue circulars and papers, which shall be used as the teachers see fit. These will show how contagions are to be prevented, and in general give pupils an idea of how best to preserve their health.

Climate of Pekin.—A well-informed journal, referring to the configuration of the country and the weather generally experienced in the neighborhood of Pekin, says: "The most of the territory east and west of Pekin in which the earlier part of the Chinese campaign will have to be carried on is flat and low-lying, much of it subject to yearly devastation by the overflow of the rivers. In winter the cold is frequently very severe, more so than in New York, which has nearly the same latitude as Pekin, and it is probably in anticipation of a campaign during the coming cold season that the British government called for tenders for the supply of fur capes for a considerable number of troops. At present the heat in the flat country east of Pekin is great, and the season rainy, but in view of a prolonged resistance by the Chinese it seems desirable that the same preparations should be made for the comfort of our troops."

Julian Ralph says in the *London Daily Mail:* "I am able to bear out much of the worst Mr. Burdett-Coutts has written about the sick and wounded with the army in South Africa. All, however, tend to confirm the results of his experience. In Bloemfontein there were twenty-five hundred enteric patients when I left, and they were in a large proportion left to lie on the ground and be nursed by ignorant and slovenly 'Tommy' attendants. They lay in the water, they were rained on, and the sanitary arrangements were such that, at least in some hospitals, they had to leave their blankets at the risk of death. All the time I was at Bloemfontein I was haunted by the horror of the neglect of and cruelty to the sick. When I was at Kimberly, some of the local physicians were similarly horror-stricken by the condition in which the wounded came to them, trundled over the bad roads all the way from Paardeberg in ox wagons. I have no hesitation in saying that I consider the treatment of the sick and wounded (especially after the main advance from Modder river) primitive, cruel, and almost barbaric, as well as needless and inexcusable."—*Medical Age.*

North Carolina Medical Society.

OFFICERS OF SECTIONS FOR 1901.

The President of the State Society, Dr. Baker, has appointed the following chairmen of sections for the Durham meeting in May, 1901.

Pathology and Microscopy, R. H. Whitehead, M. D., Chapel Hill, N. C.

Anatomy and Surgery, R. L. Gibbon, M. D., Charlotte, N. C.

Medical Jurisprudence and State Medicine, H. W. Lewis, M. D., Jackson, N. C.

Obstetrics, F. H. Russell, M. D., Wilmington, N. C.

Gynecology, J. F. Highsmith, M. D., Fayetteville, N. C.

Practice of Medicine, H. T. Bass, M. D., Tarboro, N. C.

Materia Medica and Therapeutics, A. Cheatham, M. D., Durham, N. C.

Chemistry and Physiology, E. Delia Dixon, M. D., Raleigh, N. C.

Pediatrics, Sallie Borden, M. D., Goldsboro, N. C.

Railway Surgery, G. G. Thomas, M. D., Wilmington, N. C.

The success of the meeting depends, in a large measure, upon the zeal and activity of the different chairmen and the secretary is confident in his prediction of a most profitable session at Durham next year. Each member will endeavor to secure eight or ten papers to be read under his particular section. Members of the Society who intend to read papers would save lots of trouble if they will send in to the chairman, in whose section may wish to read the title of their paper. If all those who are interested in the work of the Society will keep a lookout for interesting cases and write them up we can have a very profitable meeting. Don't wait for the chairman to write to you but send him the title of your paper as soon as you decide upon it.

The title of all papers must be in the hands of the secretary thirty days before the date of the meeting and it would help him very much in getting out a working program if the titles could be in hand sixty days before. Get your papers ready for a record breaking meeting next year.

The Seaboard Medical Association.

The following is a list of the Committees of the Seaboard Medical Association for the next meeting which will be held at Weldon, N. C., Dec. 13, 1902.

Executive, R. L. Payne, Norfolk, Va., chairman; Kirkland Ruffin, Norfolk, Va.; H. T. Bass, Tarboro, N. C.

Auditing, T. M. Riddick, chairman, Woodville, N. C.; Jos. T. Buxton, Newport News, Va.; Edwin E. Fields, Norfolk, Va.

Publishing, Junius F. Lynch, chairman, Norfolk, Va.; R. H. Stancell, Margaretsville, N. C.; J. M. Parrot, Kinston, N. C.

Credentials, Albert Anderson, chairman, Weldon, N. C.; Thos. W. White, Belvidere, N. C.; Jno. E. Phillips, Suffolk, Va.

Arrangements, A. R. Zollicoffer, chairman, Weldon, N. C.; I. E. Green, Weldon, N. C.; A. J. Ellis, Garysburg, N. C.; Mayor J. T. Gooch, Weldon, N. C.

Tri-State Medical Society of Alabama, Georgia and Tennessee.

This society will hold its 12th annual meeting in Chattanooga, on Thursday, Friday and Saturday, October 11, 12, and 13, 1900. A rate of one fare for the round trip during the whole week can be obtained by asking for tickets to the re-union of the Army of the Cumberland and Spanish-American war veterans.

Those desiring to read papers should send title to Dr. Frank Foster Smith, Chattanooga, Tenn.

The Carolina Medical Journal.

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The Editors are not responsible for the views of Contributors.

Contributions for the Original Department of The Carolina Medical Journal are received with the understanding that they are contributed exclusively to this Journal.

Illustrations necessary to elucidate the text will be provided without expense to authors when suitable ink drawings or photographs are furnished.

Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

Original Communications.

Malarial Hemoglobinuria. (Hemorrhagic Fever.)

By JAMES M. PARROTT, M. D., Kinston, N. C.

UNFORTUNATELY this disease has been studied but very little in a scientific manner. Many and conflicting reports are annually recorded. This, no doubt, is due to crude and imperfect methods and, in many instances, limited observations on the part of the observer, as well as to the fact that the disease has its varieties, which up to the present have not been recognized. Let me pause just here to say that if in this paper I make statements not in accordance with the standard text books, I do so knowingly, because of a firm conviction based upon my own careful clinical studies and those of colleagues.

So far as I can ascertain malarial hemoglobinuria has but few pathological alternations peculiar to itself. In all cases we find the hepatic and spleenic changes characteristic of malaria more or less well defined. This morbid condition is too well known to require even a general description. Hyperplasia is characteristic of malaria and increased connective tissue growth along with an active increase in the size of the liver cells, produces in a marked degree a chronic blood stasis in this organ.

The spleen is often so altered as to be in many places nothing more than a pulpy mass, or, maybe, angioma-like in structure. This pulpiness is especially striking in hemoglobinuria of a protracted nature. In this condition the organ possesses but little functioning power.

In hemoglobinuria the presence in the spleen of great numbers of of shrunken, shrivelled red blood cells, which do not show that they have ever been attached by the malarial organism, seems to be almost characteristic. This may be noted, even in a marked degree, in the peripheral circulation. I have never examined bone-marrow in a case of malarial hemoglobinuria. However, I do not know any reason why it should be changed, especially or materially, by this variety of malaria.

Some bodies present very little post-mortem evidences aside from those of ordinary malaria. This lack of characteristic, morbid changes in some and decidedly more striking in others teaches us much in reference to classification and treatment. It demonstrates that one is more rapidly acute and due to some immediately overwhelming disturbance, and that the other, while it is the same disease, is engrafted upon a more chronic affection, especially aggravated by an abnormal liver, spleen and kidneys. The kidneys, says Manson, are enlarged and congested, the tubules blocked with hemoglobin inforcts, the cells laden with yellow pigment grains and the capillaries with black malarial pigment. This, to my mind, is a perfect picture of over work, the organ attempting to excrete so much detritus and foreign matter as to choke the tubules, and in many cases to completely stop its functioning powers. The yellow pigment to which he refers, is also to be found in the protoplasm of the cells of almost every part of the body. It is present in very great abundance in the conjunctiva and skin, giving rise to the peculiar yellow cast of this disease.

The other viscera do not present any important characteristics peculiar to this variety of malaria. I believe that almost all the changes reported as being in the mucus membranes, especially of the intestines and stomach, are probably no more peculiar to this than to any other variety of malaria. When the blood is examined by the microscope, great numbers of brassy, shrivelled, deformed red corpuscles are discovered. In the blood of a hemoglobinuria patient, who died a very short time after examination, it was almost with difficulty that I found a few normal ones, either in the spleenic or peripheral circulation. White blood cells are present, apparently in increased numbers and are lazy-like and pallid, and often seem to contain a brownish black pigment. The urine is *always diminished* in amount, is *generally* scanty, and often *complete* annuria results. Absolute suppression is the rule with the fatal cases. The urine presents a characteristic dark brown color. On standing it separates into two layers, an upper of a port wine or very dark claret color, and a lower sediment, ¼ to ⅓ of the entire amount, (in some cases this sediment is very slight), of a greyish brown appearance, containing byaline, granular and colored casts (very probably hemoglobin casts) and also a very large amount of granular material. Epithelial cells are also seen, as well as red blood cells, which are deformed and more numerous than most observers would have us believe. The urine receives its peculiar color from the hemoglobin which it contains. Blood serum is also present, the urine often turning almost solid when boiled. This diminishes as the patient improves and until the urine is again normal.

While the minute pathology of special cases or varieties present marked differences, I believe these observations are fairly accurate as to the vast majority. As I have said before in one variety we find pronounced evidences of a long continued malaria antedating the immediate attack of this particular disease, while in another variety these evidences may be entirely lacking.

The symptoms of this disease are too well known and too easily recognized to require description.

Clinically and therapeutically I have divided the disease into two varieties, viz: the asthenic and sthenic. The intermittent referred to by several writers, I have seen but once. These attacks when genuine malarial hemoglobinuria, can be classed with the sthenic cases.

I consider the differential diagnosis of these varieties very important, especially as to their therapeusis. They demand vastly different methods of treatment. The sthenic cases are engrafted upon the more or less robust, though its more characteristic manifestations are preceded, as are the asthenic, by symptoms which are generally supposed to be those of ordinary malaria. In the former variety these prodromes are more acute, in that they exist but a few hours, or at most a few days, with distinct intermission.

The asthenic variety is engrafted upon one with a previous malarial cachexia. It occurs in those who are debilitated and weakened, and whose excretary organs are functioning below normal because of certain organic pathological changes so universally recognized as those of chronic malaria. The course of the sthenic variety is rapid, while that of the asthenic is slow. In the former the pulse is full and bounding, in the latter, from the very beginning, it is weak and thready, very much like the pulse in peritonitis. In a few hours after the second or third chill of the sthenic variety, the patient passes the first pathognomonic dark brownish-red urine and then the yellow coloring of the conjunctiva and skin begins.

In the asthenic variety, the patient may, and generally does, experience several days of continuous fever before the characteristic urine is passed and the conjunctival and integumental discoloration begins. The shade of the color differs also from that of the sthenic cases, it is more of a dead yellow, somewhat like a faded color. In these cases the discoloration is of an increasing tendency, gradually becoming deeper. In the sthenic variety it develops more suddenly and reaches the height of its density in a remarkably short time. In the sthenic variety temperature usually rises high very suddenly and drops often to or below normal, after the hemoglobinuria begins in earnest. This may be repeated at regular intervals.

In the asthenic variety, the temperature rises slowly, seldom going above 103. Then it falls a little, holding after that a more or less continuous course. In reference to temperature, one might be denominated intermit tent, (more or less,) and the other remittent. If this classification were adhered to, however, it might lead to confusion since the temperature of each variety might intermit or remit; and so far as the treatment is concerned such a division would be of but little assistance. The urine is more quickly suppressed in the sthenic cases, while in the asthenic, the annuria gradually develops. Cerebral symptoms are more striking and violent in the sthenic than the asthenic class.

Asthenic diarrhoea is more frequently seen, though in my experience it is rather rare in both varieties.

In the asthenic variety the liver and spleen are much more enlarged and firmer an abdominal palpation than in the sthenic, due, doubtless, to the previous malaria cachexia. Both are tender in both varieties, but especially is this true in the sthenic cases. Facial expression of the asthenic variety is more anxious and gives more striking evidences of depression than the sthenic variety.

If an examination of the bloood be made during the first 72 hours after the appearance of the hemoglobinuria, (often it must be made earlier,

particularly so in the asthenic variety) a form of the malarial parasite, closely resembling the estivo-autumnal type will be found. In my opinion this organism is peculiar to malarial hemoglobinuria. It is without doubt a true malarial parasite.

As best I could determine in the cases whose blood I examined it is somewhat smaller than the estivo-autumnal form and exhibits more active annæbaid movements than the latter. I believe it causes the two or three chills which usually precede the appearance of the hemoglobinuria, and that these chills are part of that attack. It can be found in the blood at any hour, and is sometimes present in very great numbers, especially in the spleenic blood.

In a patient who died of the disease I found two in one corpuscle in several instances before death. This victim succumbed on the third day of the attack. I have never found this parasite after the fourth day, and I believe that it disappears much earlier in the asthenic than in the sthenic variety. The recollection of this fact will be of much assistance in determining the treatment of the disease.

The hemoglobin set free in the destruction of the red corpuscles in conjunction with the toxin of the organism, no doubt kills the parasite eventually, the disease being then continued, as I believe it is especially in the asthenic cases, by the destructive action of the hemoglobin and other poisonous substances which cannot be excreted, because of the overworked and diseased condition of the excretary organs, notably the kidneys. This is the case with the liver which fails to convert the excessive amount of hemoglobin into bilirubin. In asthenic cases with the liver and kidneys functioning very improperly and feebly, comparatively few parasites producing at first a small amount of hemoglobin, would give us malarial hemoglobinuria.

Manson, of London, suggests that probably malarial parasites liberate at sporulation, a hemoglobin-solvent which produces a deficiency of hemoglobin in non-infected corpuscles and that this substance is used by the parasite as a digestive ferment. This may be especially true of this particular type of the organism. If space permitted I could cite several cases in practice (my own and others) which would bear me out in my theory of a separate malarial organism peculiar to this type. If not due to a distinct variety of the malarial parasite, if I am mistaken as to its being an organism peculiar to this variety of malaria, and I may be, because these observations have been rather limited and made at a disadvantage, why do we not find malarial hemoglobinuria wherever malaria exists? And why do we find it in one locality for several years and then see it disappear, and years after possibly recur again? Dr. Lewis, of Jackson, N. C., in a very able paper read before a recent meeting of the "Seaboard Medical Society", reported having treated ten cases in one old house, the cases occurring at separate intervals and in different families.

In certain sections of my own and adjoining counties it has been very frequent, while in other sections where there is equally as much malaria, it has never occurred. Practically the same treatment has been used in both localities in reference to the usual malarial affections, and the administration of quinine has been virtually the same. I do not believe this alkaloid has anything to do with the production of this disease. Last year a young lady who had had malaria several times, and who lived in a neigborhood free from this type of disease, and who did not have any malaria cachexia, recovering thoroughly after each attack, visited a neighborhood in which hemoglobinuria was prevalent. She stopped at a house in which

another had died of the disease a short time before. Five or six days after going there she was attacked by hemoglobinuria and died. Her people who remained at home had malarial attacks a short while afterward, but none hemoglobinuria. Other cases might be cited but time forbids.

Manson and Lambon have suggested this idea, that it might be due to a separate form of malarial plasmodium. I believe I am correct as to my conclusions that this disease is a distinct type of malarial fever, as much so as "ague", and that it is produced by a type of the plasmodium malarial, peculiar to itself.

As reported to me by fifteen observers working in different sections in Eastern Carolina, the mortality of this disease is 27 ⅓ %. I believe that the mortality of the sthenic variety, properly treated is lower, and that that of the asthenic is higher than this. I am unable at this time to quote any statistics on this point, however. Judging from their descriptions of their cases of hemoglobinuria, sent to me by ten practitioners in Eastern Carolina and Virginia, I believe that the sthenic cases are more numerous than the asthenic in our section.

This may not be and probably is not true in the tropics, or in countries where malarial cachexia is more marked and more prevalent than here. The asthenic cases usually last longer and convalesce more slowly than the sthenic. Anemia may be very persistent in both varieties.

The treatment of malarial hemoglobinuria is a subject which admits of much discussion, particularly in reference to the administration of quinine. It is not my purpose to enter into a detailed study of this particular phase of the subject just now. This much should be said, that in the sthenic if seen early or before the beginning of the fourth day, or if when seen the parasites are present in the blood, quinine should be given. The alkaloid is not to be used in the asthenic cases except in very small doses, within the first few hours after the initial symptoms. In this class the parasite disappears very early, the probable cause of which has been discussed. After the organism leaves the system, theoretically, quinine is useless, while experience has taught us that often it is then really harmful. When administered the drug should be given hypodermically. Much care should be used in deciding the quantity, five to twenty grains in twenty-four hours, is the amount usually required.

When the fever is high cold baths are not objectionable when used judiciously. Counter irritation over the kidneys may do good sometimes. In all cases we must avoid depression. Calomel is used with much success when properly administered. Hypodermics of morphia and atropia in small amounts are very serviceable when nausea and vomiting are severe, as they usually are.

If there be a sheet-anchor in the treatment of this disease, it is normal saline solutions properly used. In sthenic cases I sometimes bleed from one arm and infuse into the other. This may be of special service when suppression of urine threatens. The amount of the saline solution used necessarily varies.

It can be employed by hypodermoclysis with very good results. High rectal saline injections are very valuable. They can be used by the nurse in the absence of the doctor. Cracked ice and champage are sometimes very refreshing to the patient. When there is almost total suppression of the urine hot packs produce very happy effects.

When the stomach can retain it, a mixture of citrate of potassium, lactate of strontium and infusion of digitalis cannot be excelled as a diuretic.

The patient should be kept very quiet and company prohibited, absolute rest in the recumbent position is very necessary late into convalescence, particularly fearing heart failure. When convalescence has fairly begun the above diuretic is to be gradually diminished and Basham's mixture and Fowler's solution ordered, to be given separately. These should be continued a long time and a change of climate advised.

If one has had several previous attacks of malaria and is easily inoculated by it, or has a second attack of malarial hemoglobinuria, this change of climate should be permanent. Such a one seeking a new home should choose a location entirely free from every variety of malaria, a hilly or mountainous country preferred.

A temporary change of climate is sufficient for one not easily attacked by malaria, and who has not had more than one or two attacks prior to the beginning of the malarial hemoglobinuria. In sending such a convalescent away it is best to choose some mineral springs healthily located.

There are no better springs in Eastern Carolina for such cases than Seven Springs. These are beautifully located in Wayne county, and furnish a variety of mineral waters. The lofty hills and lovely valleys surrounding the place give a variety of romantic scenery not seen anywhere else in Eastern Carolina, while the medical virtues of the waters along certain lines are certainly not surpassed by any springs. For malarial and typhoid convalescents the waters of Seven Springs are particularly well adapted, and especially is this true of chronic malaria or malarial cachexia.

Whatever may be the method of treatment this one thing must always be done, assist nature in eliminating the poison, and support the system until it can do so, never forgetting that many die from over-treatment.

In conclusion let me say that I have not considered malarial hematuria, because it is unquestionably a different disease from hemoglobinuria, and is very likely of an accidental origin, (overdosing with quinine, &c.,) and liable to occur in almost any type of malaria, and doubtless sometimes complicates malarial hemoglobinuria.

Entero-Colitis.

By WILLIAM E. FITCH, M. D., Savannah, Ga.

(Georgia Journal of Medicine and Surgery.)

MR. PRESIDENT and fellow members of the Savannah Medical Society:

In presenting this paper to this intelligent and learned body of physicians, I do not for one moment presume that any new or more interesting phase will be presented, than that which has already been more elegantly written, and more eloquently said about this much talked of, much written about and much dreaded disease.

In discussing this subject, we will speak of inflammation of the small and large intestines as a single disease, for the following reasons: First. The symptoms of colitis at this period of life do not ordinarily differ, in any marked degree, from those of enteritis. The tormina, tenesmus and abdominal tenderness which characterize colitis in childhood and adult life are ordinarily lacking or are not appreciable to the observer, and the muco-

sanguineous evacuations are more often absent than present. Etiology—intestinal catarrh or infancy is often produced by taking cold. Infants insufficiently protected by clothing and exposed to suddden changes of temperature, and to currents of air in apartments where they sleep or heedlessly exposed outdoors by careless nurses sometimes become affected with diarrhea even of a fatal character. But the most common cause of infantile diarrhea is the use of food which is unsuitable for infantile digestion, and which, therefore, acts as an irritant.

"It is the experience of every physician who keeps a record of fatal or even severe cases of summer complaint among infants, that very few of them are entirely breast-fed babies. Holt emphasizes this, when he says that, of 1943 fatal cases of which he has collected the records, only three per cent. were breast-fed exclusively. He refers the partial immunity which, according to his statistics, infants under six months enjoy, to the fact that the great majority of such are breast-fed, and obtain a sterile and digestible food; with the commencement of artificial feeding, gastro-intestinal disorders at once acquire prominence.

The diarrheas of infancy take a comparatively unimportant rank among infantile diseases during the cobler months of the year; but with the onset or the warm weather; they suddenly acquire importance, owing to their general severity, their large mortality, and to the frequency with which they are encountered. If we enquire further into the causes which induce this liability to summer complaint, an investigation will reveal the fact that the majority thus attacked are under two years of age.

The symptoms first noted will usually be a slight elevation of temperature, fretfulness, and a diarrhea which may be so mild as to attract little attention; the stools, while thinner than usual, vary in appearance, being yellow, brown or green. Infants on a milk diet usually pass green and acid stools containing particles of undigested casein, an infant fed on starches will pass putty colored, putrid smelling stools. The tongue, at the commencement of the attack, is covered with slight fur; later on it becomes moist, but is often dry and in dangerous forms of this malady, acccompanied by prostration, the bucal surface is red, the gums more or less swollen and occasionally ulceration will be noticed; vomiting is common, and may commence simultaneously with the diarrhea, especially when indigestible food has been allowed.

I have kept data for two years on the beginning of this symptom, and find that it usually begins about the fifth day. The fecal evacuations may remain nearly uniform throughout the disease, but in many patients they vary in consistency at different periods; the stools are sometimes yellow when passed, but become green on exposure to the air from chemical reaction due to the admixture of urine or to the agency of the microbes which produce the coloring matter.

With a view of differentiating, as far as possible, the various fermentative processes which the micro-organisms induce in the intestinal canal, I have directed my attention to the odor of the stools, and have been much impressed by the readiness with which, by the odor alone, at least two general classes of fermentations can be distinguished. In the great majority of cases, without the use of direct questions, mothers even of very moderate intelligence will describe the odor of the stools as either sour or putrid. And this classification corresponds to the two great classes of food stuffs. The known fermentations of the carbohydrate foods all lead to the development of acids and gases. Under no circumstances can carbohydrates yield pro-

ducts with a putrid odor. On the other hand, proteids yield either odorless or putrid products.

The intestinal tract of the infant differs from that of the adult in the superabundance of lymphoid tissue present in its make up. This tissue is essentially absorptive in function. This function is of great importance to the healthy and rapidly growing infant, but becomes a great drawback when pathalogical processes develop absorbable poisons in the intestines.

The pulse is accelerated according to the severity of the attack; the heat of the surface is at first generally increased, though but slightly in ordinary cases, but when the vital powers begin to fail from a continuation of the diarrhea, the warmth of the surface rapidly diminishes. In fatal cases the face and extremities are pallid and cold, pulse frequent and feeble, skin dry, and urinary secretion diminished; the imperfect action of the skin and kidneys is very noticeable. With the foregoing views as to the causes and prominent symptoms of entero-colitis, the treatment should be directed on the following lines: (a.) The child's strength must be sustained, and in all efforts to cure the disease, its general welfare must never be lost sight of nor its frailty overlooked; (b.) The intestinal contents must be evacuated; (c.) The diet must be regulated; (d.) Special symptoms must be combated; (e.) We must select an intestinal antiseptic.

For the evacuation of the intestinal contents, no drug or combination of medicines has given the satisfaction that calomel has. I usually order 3 grains rubbed up with sugar of milk, and made into three powders, one every hour until taken for a child 2 years old; for an infant one year old, I order 3 one-half grain powders, and it is usually desirsble to follow the calomel with a full dose of castor oil. In some instances this dose will have to be repeated in order to secure a satisfactory emptying of the bowels.

With thorough evacuation of the bowels some improvement is usually manifest, but the persistance of dangerous nervous symptoms should lead to the suspicion of the retention of poisonous feces.

With the evacuation of the bowels, the bacterial culture in which the poisons producing the disease are being elaborated, are removed from contact with the absorptive tissue of the intestine. But the bowel has not been sterilized, nor can this ever be accomplished. Nevertheless the bowel can be freed of the micro-organisms which have produced the poisons. The method for accomplishing this is clearly pointed out by the changes which occur in the intestinal flora of the newly-born at the establishment of the milk stools. The meconium is capable of supporting a great variety of micro-organisms, and while it is present, a diversified flora exists. But with its disappearance from the intestine the flora likewise disappears, because the food necessary for the support of these micro-organisms is no longer present, and they die of starvation. To rid the bowel of the pathogenetic micro-organisms of summer complaint, keep out of it the food on which they thrive. For me, this is the key-note to the dietetic management of these cases. Many practitioners withhold all food for twenty-four hours or longer. This practice will unquestionably accomplish the desired end, if carried out long enough. It is not, however, free from objections. It is difficult to impress parents with its importance, and more difficult to secure faithful adherence to it; and often it cannot be carried out long enough to accomplish the desired result. It would be preferable to discover the offending food, and withhold it, allowing at the same time food which will not maintain the offending micro-organisms.

When the stools are putrid or possess an intensified fecal odor they indicate the decomposition in them of proteid material. No form of food other than the albuminous can give rise to putrid products. In such cases it is clear that proteid food should be withheld. It is unquestionably true that proteid decompositions occur at times without the development of offensive odors, but with the development of poisons.

Milk is the proteid food usually allowed; when this is stopped, arrow-root or barley water is given by many practitioners, but I prefer a modification of Jacobi's mixture, which I will describe later on. With a diet of this type, the putridity of the stools disappears usually in from 24 to 48 hours, depending partially upon how clearly the bowels have been cleaned out. The change in odor of the stools is of course not in itself important, except, as an index of the changes in the intestinal contents. It is usually, however, accompanied by improvement in the systemic symptoms. With the disappearance of the putridity of the stool, the odor becomes either normal or sour; the acid fermentations are maintained by sugars and starches, and to some extent also by the fats. The acid fermentations are less dangerous to the child than the putrid fermentations because in them no systemic poisons are produced. Until the last few years attempts to disinfect the intestinal canal by medicines have been disappointing. Napthalin will obscure the odor of the stools by its own odor, while salol and the salicylates are of but slight value. Last August I reported my experience (see Ga. Jour. of Med. & Surg., Vol. V., No. 2) with a drug which approaches very near to an ideal disinfectant. It is a drug of great value. I refer to tannopine. As the name implies, it is a condensation product of tannin, 87%, and hexamethylene-urtamin (urotropin), 13%; and has for its formula $(C\ H_2)\ N_4\ (C_{14}\ H_{10}\ O_9)\ 3$. It is a light brown, tasteless, slightly hydroscopic powder, nearly insoluble in water, weak acids, alcohol, and ether; soluble in weak alkalies, which should always be remembered when prescribing.

To understand the mode of action of tannopine, it will be well to bear in mind at the outset that it is not absorbed nor decomposed in the stomach, and only separates into its constituents, tannin and urotropin, under the influence of the alkaline intestinal contents. The tannic acid of the compound unites with the albuminous substances, forming albuminates; contraction of the connective tissue results, diminishing reflex activity and sensibility of the muscular tissue. Urotropin, the second constituent of this division, which takes places in the alkaline intestinal contents, according to some investigators, Cohn and others, acts as a disinfectant, and has some reputation as a drug used to increase the secretion of urine.

Tannopine being tasteless and odorless, is readily taken by children and even fastidious persons; and being free from any irritating effect upon the digestive organs it is well tolerated. The drug has an antiseptic influence upon the intestinal canal, in cases of fermentative disorders. Being absolutely insoluble in water, it may be given dry on the tongue or combined with chalk mixture and bismuth sub. nit. The dose is 1 gm. (15 gr.) three or four times daily for adults; 0.2 to 0.5 gm.(3 to 8 gr.) administered every three or four hours, to children. It must be given freely 3 to 8 grains (according to age of child), suspended in simple syrup, combined with plain chalk mixture. It unquestionably, however, acts as an astringent, causing contraction of the connective tissue, and the locking up of poisonous feces must be carefully guarded against. The principal lesions in entero-colitis being located in the colon, shows that this is the main seat of the absorption of the poisons produced. When this fact occurred to me, I concluded that lavage

of the bowel with an emulsion of tannopine would prove a valuable factor in treating this class of diseases. Lavage not only removes fecal masses but clears out the mucus, and cleans the lesions, thus promoting their healing. Tannopine given by mouth and administered per rectum exerts a doubly curative influence. In giving lavage I usually add to a pint of sterilized water, tannopine 1 drachm,lime water 1 ounce, and inject solution very cautiously, and slowly; allow it to be retained as long as patient can hold it; this washing is continued until the fluid returns clear. The physiological action of tannopine on the lesions in the colon is at once apparent, and needs no further comment. When watery discharges continue after the irrigation, hypodermics of 1-100 grain of morphine and 1-800 grain of atropia can be given; stimulants are indicated in the severe cases, and whiskey is the best that can be administered. After the urgent symptoms have subsided, the child can be nourished. I recommend Jacobi's mixture, (5 ounces of barley water, the white of one egg, one or two teaspoonfuls of brandy or whiskey; some sugar, and a pinch of salt). I usually add to mixture (as above) pulveris myristicae, gr. xx., which acts as an anodyne and allays intestinal spasm, relieves sick stomach, and makes mixture more inviting by its aromatic qualities; of this mixture I give a teaspoonful every 5 or 10 minutes, and stop breast milk for at least 24 hours. In 65 per cent. of my cases only one irrigation of the colon was necessary; some received two, and a few three irrigations. In all cases the tannopine in 3 to 8 gr. doses every four hours was kept up as mentioned before in simple syrup, suspended in plain chalk mixture.

The most desirable position for administering injection is the dorsal decubitus, with thighs flexed and pelvis elevated, and a pressure of not more than two or three feet from a fountain syringe.

The following cases have been treated during the past two years, and give a clinical demonstration of the uses and application of tannopin:

Case VIII. Baby boy, fourteen months old; when first came under my care was much emaciated, and had a slight diarrhea, caused probably by improper food; found a slight elevatien of temperature on examination; nothing else abnormal was detected. I ordered tannopine gr. viii., bis. sub. nit., gr. v., in a plain chalk mixture, suspended in simple syrup, every four hours, after having thoroughly evacuated the bowels. After being under treatment for a week, it was much improved, had gained in weight, and temperature had returned to normal, when a careless nurse allowed the babe to drink a quanity of cow's milk, some hours after which it began to have diarrhea characterized by frequent copious watery actions of lessened consistency, of a foul, putrid odor, greenish color. The discharge as indicated by its putrid odor was produced by proteid fermentation. The infant during the next two days lost greatly in weight, became greatly emaciated, and looked as if it would die; temperature ran up to 104° F.; the skin and body extremities became pallid and prostration was severe. The child had calomel, one and a half grains, made into three powders, one administered every hour, which was followed by the usual dose of castor oil, which gave it a good cleaning out. The evacuations in the 24 hours varied from seven to twelve; at this period looking death in the face. It occurred to me that lavage of the colon, with a solution of tannopine in plain chalk mixture would be of benefit. I at once ordered a pint of sterilized water, to which I added 1 drachm of tannopine, and lime water 1 ounce. I injected this into the rectum very slowly and very carefully; after injecting almost half of it, I stopped proceedings, and allowed it to remain for possibly fifteen minutes, when it was evacuated,

after which the balance was thrown high up into the rectum and with compress at anus, retained for forty minutes. All food (breast milk) was ordered discontinued, and Jacobi's mixture, with my modification substituted; tannopine in 4 gr. doses was ordered every four hours. It soon began to improve again, and convalescehce was gradual, gaining in weight and strength; actions soon changed to a sour odor, instead of former putrid smell, and were less frequent. All symptoms gradually became less severe when child was put back to breast. A few days later diarrhea abated entirely, and at the end of three weeks child was well and playful.

Case IX. Boy two years old. He was healthy at birth and remained well during the early months of infancy; was breast fed until 13 months old when he was weaned and was fed on a number of starchy artificial foods, none of which seemed to agree with his digestion, as he soon began to loose flesh, which continued progressively. It was noticed that his bowels were acting frequently, odor sour, and stools greenish brown; his buttocks had the chafed appearance of an eruption; he vomited occasionally, and when he came under our observation it was noticed that he had abdominal pain, nausea, pallor and prostration; temperature 104° F. I at once ordered calomel, gr. iii., rubbed up with sugar of milk, and made into three one grain powders; directed one every hour until taken, to be followed with castor oil, which had the desired effect in about 6 hours, after which I irrrigated the colon with tannopine solution, as in Case VIII., and ordered tannopine, gr. vi., with bis. sub. nit., gr. x., and tr. opii camp., m xx., in plain chalk mixture, every 3 hours. Stopped artificial food, and gave Jacobi's mixture, with my modification, every hour, and had the pleasure of seeing a great improvement in 36 hours; medicines were continued, and modified cow's milk substituted for starchy foods. By modified cow's milk, I mean cow's milk modified by the addition of peptogenic milk powder, water and cream, which renders a humanized milk. After the first 24 or 36 hours the temperature became normal, and in 10 days the child was almost entirely well, and gaining flesh and strength rapidly.

Case X. Girl aged two years. Diagnosis, summer complaint. Had always been healthy, until present illness. Mother first noticed child was having frequent actions containing particles of food, which were being passed undigested. Child was having eight or ten actions daily for seven days when I was first called. Much emaciation had taken place. Found baby with a temperature of 103 2-5° F., pulse 120, urine scanty, and high-colored, tongue red and dry; region around anus showed that the discharges were acrid, having produced a rash which had the appearance of heat; the child's stomach was quite irritable, could only take a few teaspoonfuls of milk at a time; actions from the bowels very frequent and attended with griping and of a sour odor; some swelling of the abdomen, with tympany; would lie quiet for hours unless bowels acted or disturbed to take medicine; pallor and prostration noticeable; skin harsh and dry; stomach very irritable; projectile vomiting. Ordered calomel and castor oil, as in Case IX. Full and free evacuations following. Ordered tannopine, gr. viii, every 3 hours, administered in plain chalk mixture; stopped all food and gave Jacobi's mixture with powdered myristica, added; and had the pleasure of seeing the child improve after the first 36 hours, and gradually grow better from day to day under treatment, until at the end of two weeks, dismissed cured.

Case XI. Child aged 3 years and perfectly well, was suddenly attacked with abdominal pain, nausea, pallor and prostration. He vomited for two or

three days at frequent intervals, and was found to have a temperature of 103° F. Within a few hours he began to have frequent fecal dejections, of a sour odor, lessened consistency, moderate amount, and a peculiar dark green color. This green is one of the more common colors met with in fermentative diarrhea. At first actions from bowels took place every hour. I at once gave this boy 4 grains of calomel, in ½ grain doses every half hour until taken, followed with a dose of castor oil, and had all food stopped, and substituted panopepton, administered in crushed ice, teaspoonful every hour. After bowels had acted, which I concluded was not quite sufficient, repeated calomel, and was gratified on learning that several large watery greenish brown stools had been passed. The nausea was still troublesome, and I decided to rely on tannopine by irrigation method, which I at once ordered as in Cases VIII and IX, and repeated until solution returned as it entered; then twice a day for three days, when child was much improved. Two or three days later diarrhea ceased entirely, child's appetite returned, nausea subsided, temperature returned to normal, and rapidly gained in weight and strength.

Case XII. Boy aged 18 months, bottle-fed baby. Mother had noticed an increase in number of stools, contents thinner than natural, of a musty, putrid odor; irritability of stomach pronounced, loss of appetite, increased thirst, tongue moist and covered with a light fur, pulse accelerated, respiration increased in frequency; the temperature in rectum registered 104° F.; diagnosis, cholera-form diarrhea. Ordered calomel in 1 gr. doses until three doses had been taken; ordered a dose—tablespoonful of castor oil, to follow calomel, and wrote prescription for tannopine, gr. iii., combined with bismuth sub. nitrate in chalk mixture, teaspoonful every four hours. Continued this for five days when baby was dismissed, recovery complete.

In conclusion I would say that tannopine, owing to its freedom from odor and its perfect and prompt action. is particularly worthy of trial in the treatment of intestinal disorders, as it, unlike other astringent drugs, is not decomposed in the stomach or rendered inert through insoluble combinations in the upper part of the intestinal canal. This objectionable feature with the class of drugs heretofore used as intestinal astringents has been completely eliminated in the preparation of tannopine, which fulfills all the requirements of a true intestinal astringent, and possesses the following advantages: (a.) It can be prescribed with efficiency both per mouth and per rectum, according to following formulæ: ℥ 1 to sterilized water ♁ 1 and aqua calcis ℥ 1, to be used with a long rectal tube, washes and cleans out the colon, which, owing to the superabundance of lympoid tissue in its make-up, essentially absorptive in function, this function being necessary for the rapidly growing infant, and when tannopine thus administered in plain chalk mixture, splits up into its constituent compounds, is easily absorbed by the inflamed tissue ready to take it up. (b.) It is an efficient medicament in all forms of enteritis, colitis, and inflammatory intestinal disorders. (c.) It is advisable to continue the use of the drug in small doses for a few days after the bowels appear to have regained their normal function. (d.) It is a completely innocuous powder, and can be administered without risk to the smallest infants, in doses of from 3 to 8 grains, four times daily; and to older children and adults from 7 to 15 grains, several times daily. (e.) It acts by the tannic acid of the compound combining with albuminous substances, forming albuminates, which causes contraction of the surrounding connective tissue, diminishes reflex activity and relieves sensibility of the muscular tissue. Urotropin ($C_6H_{12}N_4$), the second con-

stituent of this division which takes place in the alkaline intestinal contents acts as a disinfectant by inhibiting the septic organisms, and restoring the integrity of the intestinal mucous membrane, stopping short the process of inflammation.

Pterygia; Pathology and Treatment.

W. H. WAKEFIELD, M. D., Charlotte, N. C.

IN a paper, under above heading, appearing in the *Annals of Ophthalmology* for July, 1900, M. F. Weyman, M. D.,, of St Joseph, Mo., handled the subject in a masterly manner. After a clear and forcible discussion of the pathology of pterygia, the writer takes up the subject of treatment, saying:

"We counsel the removal of *all* pterygia.

"Our reasons:

"1. A pterygium may become non-progressive and, with the removal of the cause, even atropic, but such cases are great rarities. It is the extraordinary chronicity and consequent slow development that leads us to believe in arrested growth.

"2. Although a pterygium may be removed any time, it must be remembered that the detached head invariably leaves a corneal cicatrix. The latter may not be apparent on ordinary inspection, but focal light will reveal it. If, therefore, we wait till the pupillary space is invaded, the resulting scar will forever mar the normal acuity of vision in that direction.

"3. Undue procrastination may so modify the ordinarily good prospects from treatment that serious complications may become inevitable (relapsing tendency, strabismus, and even blindness).

"4. A proper operation properly done is absolutely harmless.

"The chief aim of all our efforts is the removal of the head as the real *nocens* in a practical sense. This, in fact, would be sufficient in a class of patients (now usually put off till they have "enough" trouble). These cases should be ranged in a special division, marked by the following characters:

"a. Pterygial head quite small, vertical diameter often exceeding horizontal dimensions, and situated chiefly on "transition zone."

"b. Conjunctival elasticity only slightly affected.

"c. Subconjunctival vascularization absent.

"d. No apparent chronic conjunctival hyperemia and conjestive exacerbations.

"The methods for destruction of the head may vary, but they all should accomplish a *thorough* and *smooth removal*, be entirely *free from danger* and cause sufficient plastic reaction to result in a *firm scar* opposing conjunctival traction. The best means to this purpose is, in my opinion, a very thin galvano-cautery knife with the blade bent about 45° to its insertion, which inclination can be easily produced by a sharp turn of a small needle holder between the jaws of which the glowing blade is fastened.

"The cauterizing "spatula" (for such it has become) should not be further from the fingers than about two inches, as a longer distance inter-

feres with the precision of movement necessary for good work. The surface cauterized should be slightly deeper than the adjacent tissue. Repeated stroking allows of grading the effect to a nicety.

"Electrolysis does fairly well, but does not easily permit of the production of an entirely smooth effect.

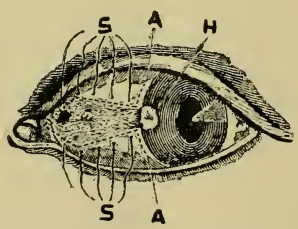
"For a full-fledged pterygium excision is the only correct principle, yet simple removal without covering the defect is bad owing to tendency of cicatricial formations resulting in relapse (practically beyond help) and strabismic turning of the eye. I know that efforts toward covering the defect have been made by approximation of the edges of wound and, also, by transplantation of mucous and epidermal grafts. In all cases the ideal procedure would be the former, but, owing to the omission of some essentials it has not made as good a showing as it should.

"The following operation is designed to apply to the principle of excision in its most rational form.

"The eye is prepared in the usual way, except that crystalized cocain is freely inserted until all smarting has ceased, even during lid motion. The conjunctival sac is flooded to remove excess of alkaloid and a speculum inserted. The neck of the pterygium is then grasped with an iris-forceps and gently pulled from the ball to avoid cutting healthy conjunctiva. A very narrow and sharp-pointed cataract knife is made to pierce the tissues in such a way that the neck is separated from the adjoining healthy lining without any loss of the latter. A pair of scissors is started at the incisions and caused to delimit the growth, both below and obove, nearly as far as the plica semilunaries. From this point both incisions are joined by two converging cuts meeting at, or near the caruncle.

"Raising the inner end, the operator now separates the growth from the eyeball as far as the head, always tensing it as he clips adhesions, *with the scissors against the pterygial body.* The head is detached by a slow see-saw motion of an ordinary cataract knife (or lance) and the roughness of adjacent parts worn down by the galvano-caustic spatula.

"After flooding the eye, inspection will show the amount of subconjunctival vascularization. It may be slight and it may be so abundant that it appears like a red carpet in the denuded space. Pick it up with as wide a



H. Head of pterygium.
A. Accommodative incisions.
S. Stitches.

separation of the forceps-branches as the wound will allow, and it will be seen that in bad cases it reaches farther over the globe than did the body of the pterygium, although it gradually shades off and thins down as it extends under the healthy conjunctiva. *This vascular matting must be pulled from under the conjunctiva and thoroughly excised.*

"A tenotomy hook is now passed under the lining to be approximated in order to break up adhesions. Near the sclero-corneal junction smart traction is made to allow of the unobstructed passage of the scissors for the "accommodative incisions." Four or five sutures are then passed (not thicker than No. 6) by a curved *round* needle to avoid cutting and tearing the membrane. The first stitch should be as close to the corneal margin as the accommodative incisions will allow. A pair of very small curved scissors will now be made to detach the conjunctiva along the limbus cornea both above and below, for a distance of nearly ¼ the total circumference. This is followed by immediate elastic retraction of the flap-angle thus freed. *but owing to the fact that the stitches are already correctly placed* approximation must be perfect. The sutures should be tied first either at the center or the inner canthus. The stitches are removed on the third day. Occasionally one will be found to have cut through, but no damage is done. The operation must be thoroughly aseptic. If cocain is used in crystal, it is painless, while the little reaction soreness does not exceed 8-10 hours. Slight traces of redness between the stitch lines sometimes shows for 4-6 weeks, but as far as final results are concerned I claim for this operation:

"1. That no other procedure leaves the eye in a condition so nearly normal.

"2. That relapses are practically unknown.

"3. That the post-operative reaction is very mild, and that it is free from danger when aseptically done.

"4. That it is applicable to all cases except in the very few instances in which the pterygial body is so wide that no tissue for approximation remains available.

"The perfect covering of the denuded area depends chiefly on the accommodative incisions and the correct placing of the sutures. The former must be close against the corneal circle, and this is easily accomplished if the tenotomy hook is smartly pulled against the sclero-corneal junction as far as the pericorneal conjunctival detachment is to reach. The proper placing of the sutures is insured *by passing all stitches before the accommodative incisions are made.* Owing to the elastic retraction of the conjunctiva, truly opposite points equidistant from the line of section could not be located at a later stage.

"A look at the cut will easily supply any possible lack of detail in the description.

"In conclusion I wish to state that in the few cases which, on account of excessive width, lack the necessary healthy lining for slipping, transplantation remains the only measure."

For some years I have been operating closely after the manner indicated in the foregoing with very satisfactory results. The accommodation incisions were suggested to me by Dr. Savage, of Nashville, who also advised gentle curretting of the sclerotic at the corneal margin in order to remove the last remaining fragment of the pterygium.

The Iowa Way.—The State Board of Medical Examiners has notified three Iowa physicians to appear before it at the meeting of the board to be held in August to show cause why their certificates should not be revoked for incompetency, in failing to recognize and properly diagnose and report infectious diseases, in consequence of which the efforts of the State and local boards of health to protect the people were defeated; the diseases were disseminated; and lives were lost.—*Bulletin N. C. Board of Health.*

Review of Medical Progress.

Recent Views on the Effects of Alcohol.—The conclusion reached by Professor Atwater, as a result of experiments conducted by him last year to determine the effects of alcohol on the human system, that the substance taken in small qantities and under certain conditions is a food, has given rise to much and bitter discussion. The garbled accounts given in the newspapers of Dr. Atwater's findings are chiefly responsible for this state of affairs. Many of these journals proclaimed that the professor had proved alcohol as a beverage to be harmless, whereas in fact he went no further than to declare that it is oxidized in the same manner as any other food materials, and is transformed into heat and muscular energy. The experiments were not sufficiently prolonged to demonstrate what the effects might be upon the human organism of the habitual use of alcohol, nor was any attempt made to show that such use would be anything but harmful.

Another pronouncement on the same question has been recently made by the well-known Viennese clinician, Prof. Max Kassowitz, who asserts that the dogma concerning the nourishing and strengthening character of alcohol is one of the fatal errors of science. He holds the view that the majority of physicians take up an inconsistent position with regard to the use of alcohol, for the reason that while they are well aware of its dangerous and poisonous qualities, they nevertheless contribute to making permanent the false ideas concerning the value and effects of alcohol which are so generally disseminated. Kassowitz explains these inconsistencies on the ground that the teaching which considers alcohol a food because it is burned in the organism, has held its ground in spite of many disregared newer investigations which have shown its indefensibility. He is therefore of the opinion that the assumption ascribing food properties to alcohol based on simple theoretical consideration is a grave scientific error, the removal of which is the most important preliminary condition to an effectual battle against alcoholism.

Dr. Hermann Blocher, of Basle, Switzerland, in an article in the *Internationale Monatsschrift fur die Bekampsung der Trinksitten* for April, comments very favorably upon Professor Kassowitz's utterances, and discusses the matter from the standpoint of physiological experiment. He refers to the investigations of Miura, which indicate that alcohol belongs to the same group of substances as glycerin, lactic acid, butyric acid, and so forth, which are indeed burned in the animal body, but which nevertheless are not fit, even to the smallest extent, to take the place of necessary food in the preservation of the body. Miura found that the addition of alcohol to the food before its being taken not only causes no diminution of the nitrogen output, and does not prevent the loss of body material (as is the case with the addition of sugar or fat), but that on the contrary the nitrogen output following this addition of alcohol may become yet greater than it had been without this addition.

Professor Atwater did not pretend in his experiments to prove the innocuousness of alcohol as a beverage, and it was due to the newspapers that such a belief was disseminated. Whether alcohol in small amounts and used with discretion is harmful has yet to be clearly proved.—*Editorial in Medical Record.*

The American Academy of Medicine on Specialism and Advertising.—At the recent meeting of this body, at Atlantic City, the special committee appointed to consider specialism and advertising reported as follows:

(1) Specialism it not only desirable; it is unavoidable. (2) It is proper for a physician to seek to perfect himself in the direction of his greatest ability, even to the neglect of some other field of practice. (3) A specialist as well as the general practitioner may have a practice directly with his patients, or indirectly through consultation. (4) In his direct practice, a specialist ought not to be an exclusivist. In his consulting practice, a specialist stands in a different relation to his fellow physician than do general practitioners in consultation. He is rather a coadjutor than a consultant. (5) Specialism *per se* does create discord in the harmony of professional intercourse. (6) The time to enter upon a specialty cannot be predetermined by rule.

As to advertising: (1) No physician can escape advertising. (2) The true physician serves humanity first, the earning a livelihood being secondary. (3) Any method of advertising reversing this order is not to be commended. (4) Any method of advertising which only seeks to inform the public that the advertiser is ready to be of service is permissible. (5) The above principles are fixed, their application varies with the environment. (6) Regulations restricting advertising should be equal in their action.

This very important body might have summed up the specialism problem as follws: Specialism is desirable, unavoidable, but can only properly be founded on a broad field of general experience and observation of not less than ten years—better twenty.

The advertising question, boiled down, is: Every worker must announce himself ready for business, and as long as he remains in business he must let the community know it; but his work is his best advertisement. All advertising must be within the limits of good taste. Breaches of good taste are unforgivable but not criminal.—*Gaillard's Medical Journal.*

How to Give a Hypodermic Injection.—This is a simple procedure which, however, may be the making or unmaking of the doctor. It is so common to give it the wrong way, the most painful way, as much so, nearly, as it is not to feel the stab of the needle if one is not receiving it. The wrong way is to pinch up a fold of skin in the tenderest part of the upper limb, the anterior forearm, and then slowly push the needle through shoulderwards, with as much deliberation as if it was intended to make it steal to its destination without cognition by the involved nerves. We never see it done this way without imagining part of the unnecessary pain it causes, and having rather hard feelings against the introducer of the needle.

The right way to do this is to pick up the entire fleshy mass between the skin and the bone in the less tender part of the upper limb, the back upper arm or shoulder, and push the needle directly through at right angles to the skin. It should be done with a quick stab, and made to enter the muscle mass. The fluid is then gradually pushed home, after which the needle is withdrawn quicker than it went in, the puncture site being massaged for a moment for the double purpose of obliterating the needle track and promoting absorption of the injected liquid.

Try this method once and you will never want to go back to the other. The patient does not mind it. We have never had an abcess in twenty years' work. It is the only right and least painful way of giving a hypodermic injection.—*Med. Council.*

Liquid Air Commercially Used.—Prof. Patterson, of the Physics Laboratory of the University of Michigan, stated in a recent lecture upon liquid air that up to the present time no proof has been made of the mechanical or commercial value of the substance. He said that one pound of ice is 1 2-10 per cent. more valuable than one pound of liquid air; in other words, that it requires 1 2-10 per cent. more heat to melt a pound of ice and bring it to the normal temperature than is required to vaporize a pound of liquid air and bring it to the normal temperature.

Ice at $5 per ton is not very cheap, but considerably cheaper than liquid air at $500 per ton. He said also that the cost of that amount of liquid air which is required to do the work of $1 worth of steam in an ordinary steam engine would be approximately $1,000. The professor's final statement was that liquid air may prove of value in chemical and scientific work and in certain mechanical devices requiring power in small space regardless of cost, as in submarine boats and torpedoes. In the ordinary affairs of life, however, he did not think it was of any practical value; at least it has not been proved to be.—*Bulletin of Pharmacy.*

A Quick Diagnosis.—One of the anecdotes related by Dr. Weir Mitchell in the July instalment of his "Century" serial "Dr. North and His Friends," might well be a personal experience of the author's.

I once went to Harrisburg and had to return during the night. The train was crowded. At last, in the stifling, dimly-lighted smoking-car, I found a man asleep across two seats. I awakened him, and saying I was sorry to disturb him, sat down.

After a little he said, "Do you know Dr. Owen North?"

Rather astonished, I said, "Yes."

"What kind of a man is he?"

"Oh, a very good fellow."

"He is like all them high-up doctors, I guess. He gets big fees. I want to know."

"No," said I. "That is always exaggerated. Why do you ask?"

"Well, I've had a lot of doctors, and I ain't no better, and now I haven't much money left."

Upon this my friend confided to me all his physical woes in detail. We parted before daybreak. It was too dark in the car for either of us to see plainly the face of the other.

About ten the next day the man entered my consulting-room. As I should not have known him, except for a rather peculiar voice, I, too, remained unidentified. I could not resist so comic an opportunity. I said, looking at him, "Sit down. You have a pain in your back."

"That's queer. I have."

"And you are blind in left eye, and your digestion is very bad," and so I went on.

At last he said, "I never saw a doctor like you. It scares a man, 'most; can you cure me?"

I said, "Yes," and wrote out my directions. It was really a simple case.

When he produced a well-worn wallet I declined to take a fee, and said, "I owe you for the seat and the good sleep I disturbed last night."

"Thunder! I see. You were the man. But law, why did you give it away? I'd have sent you the whole township."—*The Medical Fortnightly.*

Cancer.—To this subject Dr. Roswell Park has again called attention. His conclusions are that cancer is on the increase, especially in this country,

or parts of this country, and it is not that we are seeing more because of the improvements in diagnosis. He is in charge of the New York Pathological Laboratory established by the State to investigate the cause of cancer, which is so prevalent in a certain part of his State, which he has nicknamed the actual tropic of cancer. Dr. Park says that cancer is virtually never seen on the skin of the back save at points which are within easy reach of the hands; when it appears upon the face it is nearly always on those who do not use soap. He has succeeded in one case in producing a true adeno-carcinoma in an animal by inoculation with fluid from a soft cancer of the omentum. His conclusions are that the true cause will probably be found in one or more kinds of yeasts or fungi.—*The Medical News.*

How to Gargle Backwards.—Teach the patient how to gargle backward —thuswise: Take into the mouth a proper gargle quantity of warm water, start the gargle process in the ordinary way, but hold the water on the posterior wall of the throat, while holding the head back, until the curtain of the palate loses its irritability or spasm, then gently forcing the water back and up behind the palate with an effort with the air from the lungs, and assisting it back with an effort of the muscles; the water can now be thrown out through the nose. A little practice in this line will make it an easy trick.

This is a valuable trick in the treatment of nasal catarrh, as any medicated solution can be utilized by this process. After a thorough washing out of the nares a gentle blowing is allowable, but never blow hard.—*The Medical Summary.*

Some Applications of Hot Water.—Headache almost yields to the simultaneous application of hot water to the feet and back of the neck.

A towel folded, dipped in hot water, wrung out rapidly and applied to the stomach acts like magic in cases of colic.

There is nothing that so promptly cuts short congestion of lungs, sore throat or rheumatism as hot water when applied promptly and thoroughly.

A towel folded several times and dipped in hot water, quickly wrung out and applied over the painful part in toothache and neuralgia will generally afford prompt relief.

A strip of flannel, or napkin folded lengthwise, dipped in hot water, wrung out and then applied around the neck of a child that has the croup will sometimes bring relief in ten minutes.

Hot water taken freely half an hour before bedtime is helpful in the case of constipation, while it has the most soothing effect upon the stomach and bowels. This treatment, continued a few months, with proper attention to diet, will cure any curable case of dyspepsia.—*Med. Age.*

Clipped From the Post Graduate.—It is quite the habit of many of us, who were graduated in medicine under the old system of medical teaching in our country, to underestimate the good qualities of the old style of medical colleges while justly enough speaking of their glaring deficiencies. It is difficult to explain the Flints and the Hamiltons, the Motts and the Drapers, and the Grosses and Parkers, and Simses and Emmets, who came out of the old schools, not to speak of the array of sensible and skilled general practitioners of the country districts, without admitting that there must have been some very good qualities in the medical teachers of thirty and fifty years ago.

In discussing this subject, it should always be remembered that the teaching was generally fully abreast of what was required by the general knowledge of the profession everywhere. Anatomy was as well taught in New York and Philadelphia, as in Berlin or Edinburgh. Then, as now, a diligent student could become a thorough anatomist as well here as there, and many did become so. So with chemistry. Besides, young graduates who went into a hospital could, and often did become, as proficient in surgical and medical diagnosis as their fellow students in England, France or Germany.

The surgery of the New York and of the Pennsylvania Hospital of forty years ago, was as advanced as that of Hotel Dieu or the Allegemeine Krankenhaus. Fractures were better treated here than in the Vienna hospitals. The man who chose to avail himself of the best opportunities in America, except in the departments of histology and pathology, and ophthalmic and laryngological surgery, could make himself as proficient as by going abroad, and graduating from a medical school there.

The Treatment of Scabies.—Sherwell (Journal of Cutaneous and Genito-Urinary Diseases, November, 1899), states that for twenty-five of the now nearly thirty years of his active dermatological practice he has used the method treatment which he describes, and that many of his colleagues and most of his students do the same. This treatment consists in the use of the washed flowers of sulphur, and is the cleanest, least disagreeable, and altogether the most efficient method at our command. The patient is directed to take a bath, using a little sand soap over the tougher portions, except in the case of infants. The body and limbs are rubbed lightly with a little of the sulphur powder. A half teaspoonful is more than enough for each individual. The bed linen and underclothing of all kinds are changed, and between the sheets or the coverings that come next the person in bed a half-teaspoonful of sulphur is sprinkled. One of the sheets is lifted and a light blow given, which causes enough disturbance of the air to disseminate the powder over the whole internal surface. By repeating this application to the bed every other or every third night, by bathing, and changing clothes in about the same way and at about the same interval for a week, a cure is effected in ordinary cases.

The male acarus is not a burrower. At the time the female has proruptured into the external world from below the epiderm, the male is either dead or certainly functionless.

Few cases or case groups last over the ninth day under this treatment. —*Alnbama Medical Journal.*

Signs of Death.—In doubtful cases better try all of them. 1. Tie a string firmly about the finger. If the digit becomes red or tumefied, life is not extinct. 2. Insert a bright steel needle into the flesh. If, after the lapse of thirty minutes, it shows tarnish from oxidation, life is not extinct. 3. Inject a few drops of liquor ammonia under the skin. During life a deep red or purple spot is formed at the site of injection. 4. Drop atropin into the eye. During life the pupil will dilate. 5. Look at the sun or any bright light through the fingers held closely together. During life a pink tinge will show along each finger; after death only a dull white. 6. After death a dark spot is said to form gradually on the outer side of the white of the eye, due to the drying of the sclerotic so that the darker choroid shows through. 7. Hold flame of candle to tip of finger or toe. In life a water-filled blister will form; after death, only a drying of the skin; or if the skin

becomes elevated above underlying tissues the elevation will contain gas instead of water. 8. Hold mirror close to mouth and nostrils for some time; if any moisture appears, life is present. 9. Putrefaction is an absolute sign of death. Better delay for the evidence of its commencing than run any risk of burying alive.—*Medical World.*

Overeating.—Half the people we know have violent attacks of indigestion because they will persist in eating hearty meals when in an exhausted condition. They seem never willing or able to realize that there are times when the system is in no fit state to grapple with a full meal. They come in tired and hungry, almost ravenous, not thinking that maybe a good deal of what they consider hunger is gastric irritation, then sit down to a table covered with the substantials of life and deliberately go to work and overtax the already overstrained vital powers. No person should ever eat heartily when very tired. The wisest thing to do is to drink a cup of hot water with three teaspoonfuls of milk in it, sit down for five minutes and then begin slowly to eat, masticating thoroughly. In a little while the vigor of the stomach will come back, and all will be well. Not one case of dyspepsia should exist where now there are a dozen. It seems to be the most difficult of all things to properly control the appetite. It seems to be the master. It requires will-power to get it under control. When once mastered, something important has been accomplished in self-discipline.—*Atlanta Jour-Record.*

M. Zambaco, of Constantinople, recently showed before the Paris Acadmy of Medicine a series of photographs of human bones collected in Upper Egypt and dating back some 8,000 years. Alterations of a destructive or hypertrophic nature, such as suppurative osteitis, exostoses, eburnated surfaces, and the like, were evident upon the bones of the skull, the limbs, and the vertebral column. Some of these M. Zambaco considers were due to syphilis, and others to tuberculosis. M. Fournier said he did not consider that the lesions of which M. Zambaco had shown photographs gave any definite evidence of having been caused by syphilis. It is next door to impossible to affirm the existence of syphilis simply from the alterations exhibited by the bones, for a variety of diseases give rise to alterations in the bones exactly similar to those produced by syphilis. Not only do ordinary injuries give rise to exostoses exactly comparable with those produced by syphilis, but varicose ulcers give rise to hyperostosis of the tibia at the border of the ulcer which differs in no way from syphilitic periostitis. M. Fournier, therefore, is of opinion that a simple inspection of a bony lesion is not enough to enable the observer to determine its origin.

The Place of Protargol in Eye Work.—Stephenson, Sydney, M. D. (*Edinburgh Medical Journal.*) In blepharitis cases the author uses 10 per cent. ointment in equal parts of vaselin and lanolin. He finds no particular benefit from it in the seborrhœic forms, but in the eczematous type a rapid cure follows its use at night after removal of the crusts. There is no pain from its application and this is of course one great advantage. In conjunctivitis due to gonococci the results are better than with any silver salt previously used ; in severe cases he treats the conjunctiva twice in twenty-four hours with a 50 per cent. solution ; corneal complications are a special indication for the use of this strong solution. In severe acute muco-purulent conjunctivitis he uses a 10 per cent. or 20 per cent. solution and paints it on the conjunctiva. In a mild conjunctivitis, however, he finds it inferior to zinc chlorid. He does not find especially good results in chronic trachoma,

but has given it quite an extensive trial in this disease, dusting it over the affected surface once or twice daily for several months. In acute trachoma a 2 per cent. solution of silver nitrate used for a week or more is better. In dacryocystitis protargol is the best remedy the author has found. In these cases the lower canaliculus is slit and the dilated sac washed out with a 5 per cent. to 10 per cent. solution of protargol until there is no pus in the return fluid. Probes are at the same time passed through the nasal duct to dilate the stricture which is usually present. No other agent reduces lacrymal inflammation so quickly.

[My personal experience corroborates the above. In conjunctivitis with purulent or muco-purulent discharge protargol is the most satisfactory agent at my command. W. H. W.]

Even the coroner is compelled to protest at the furious cartload-dumping of samples of drugs in the halls of private houses throughout whole cities. The coroner of Philadelphia issues a warning that these headache-powders, secret drugs to kill pain, pills, and concoctions galore, for all conceivable purposes and to satisfy the mania of the self-druggers, are often poisonous, and that the lives of children into whose hands they fall or are thrust are endangered. Inquests show that insanities and sudden deaths may be traced to the use of these nostrums. It is a national disgrace, this saturnalia of the quacks and venders of medical humbugs, and the laws should be made effective against the intolerable pest.—*The Philadelphia Medical Journal.*

Conclusions Regarding X-Rays.—In the report read by Dr. J. William White, of Philadelphia, as chairman of the Commmittee of the American Surgical Association, on the Medico-Legal Relations of the X-rays, the following conclusions were offered the Association for discussion:

1. The routine employment of the X-ray in cases of fracture is not at present of sufficient definite advantage to justify the teaching that it should be used in every case. If the surgeon is in doubt as to his diagnosis, he should make use of this as of every other available means to add to his knowledge of the case, but even then he should not forget the grave possibillities of misinterpretation. There is evidence that in competent hands plates may be made that will fail to reveal the presence of existing fractures or will appear to show a fracture that does not exist.

2. In the regions of the base of the skull, the spine, the pelvis, and the hips, the X-ray results have not as yet been thoroughly satisfactory, although good skiagraphs have been made of lesions in the last three localities. On account of the rarity of such skiagraphs of these parts special caution should be observed, when they are affected, in basing upon X-ray testimony any important diagnosis or line of treatment.

3. As to questions of deformity, skiagraphs alone, without expert surgical interpretations, are generally useless and frequently misleading. The appearance of deformity may be produced in any normal bone, and existing deformity may be grossly exaggerated.

4. It is not possible to distinguish after recent fractures between cases in which perfectly satisfactory callus has formed and cases which will go on to non-union. Neither can fibrous union be distinguished from union by callus n which lime salts have not yet been deposited. There is abundant evidence to show that the use of the X-ray in these cases should be regarded as merely the adjunct to other surgical methods, and that its testimony is especially fallible.

5. The evidence as to X-ray burns seems to show that in the majority of cases they are easily and certainly preventable. The essential cause is

still a matter of dispute. It seems not unlikely when the strange susceptibilities due to idiosyncrasy are remembered that in a small number of cases it may make a given individual especially liable to this form of injury.

6. In the recognition of foreign bodies the skiagraph is of the very greatest value; in their localization it has occasionally failed. The mistakes recorded in the former case should easily have been avoided; in the latter they are becoming less and less frequent, and by the employment of accurate mathematical methods can probably in time be eliminated. In the meanwhile, however, the surgeon who bases an important operation on the localization of a foreign body buried in the tissues, should remember that the possibility of error still exists.

7. It has not seemed worth while to attempt a review of the situation from the strictly legal stand-point. It would vary in different States and with different judges to interpret the law. The evidence shows, however, that in many places and under many differing circumstances the skiagraph will undoubtedly be a factor in medico-legal cases.

8. The technicalities of its production, the manipulation of the apparatus, etc., are already in the hands of specialists, and with that subject also it has not seemed worth while to deal. But it is earnestly recommended that the surgeon should so familiarize himself with the appearance of skiagraphs, with their distortions, with the relative values of their shadows and outlines, as to be himself the judge of their teachings, and not depend upon the interpretation of others who may lack the wide experience with surgical injury and disease necessary for the correct reading of these pictures.

[These conclusions were unanimously adopted as expressing the views of the American Surgical Association.]—*American Journal Medical Science.*

NCMed J (OS) 44: 69, #3, Sept 1900

Report of Rex Hospital, Raleigh, N. C., from July 1, 1899, to June 30, 1900.

Total *number of patients* admitted, three hundred and forty-two (342); white male, one hundred and nineteen (119); white female, one hundred and six (106); colored male, fifty-six (56); colored female, sixty-one (61).

There were one hundred and twenty-three (123) white; and eight (8) colored private patients treated during the year. The revenue derived from them was two thousand five hundred and seven and 91-100 ($2,507.91) dollars.

There were *births* four (4); still-born three (3).

Surgical operations seventy (70): Hemorrhoids 9; trachelorrhapy 5; perineorrhaphy 2; curettage 7; celiotomy 14; removal of polypus uteri 2; vesico-vaginal fistula 1; removal of mamma 3; supra-pubic cystotomy for calculus 1; ligation of femoral artery 1; amputation of penis 1; amputation of foot 1; circumcision 1; perineal section 1; fistula in ano 2; excision of epithelioma of lip 1; cataract 6; enucleation of eye 2; operation for deviation of septum nasi 1; aspiration of chest 1; removal of sarcoma of shoulder 1; sequestratomy of inferior maxilla 1; removal of fatty tumor of shoulder 1; extirpation of cancerous inguinal glands 1; incision in arm for removal of bullet 1; incision in groin for removal of bullet 1; removal of cysts of thumb 1; sequestratomy of humerus 1.

Deaths, twenty (20); white male, seven (7); white female, seven (7); colored male, two (2); colored female, four (4).

The *cause of death* in each case was: Nephritis, one (1); septicemia, two (2); tuberculosis, one (1); typhoid fever, one (1); abscess of liver, one (1); pneumonia, two (2); alcoholic coma, one (1); hemorrhagic fever, one (1); meningitis, one (1); conjestion of the lungs, one (1); peritonitis, two (2), paralysis, one (1); R. R. accident, one (1); gunshot wound, one (1); puerperal eclampsia, two (2); carcinomia of breast, one (1).

Necrology.

D. A. Roberson, M. D., died of Bright's disease at his home near Guilford College, on July 15th.

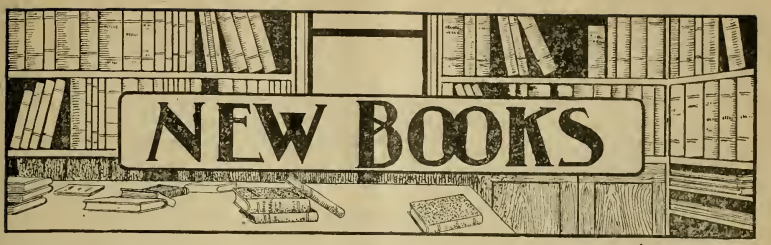
The above lines announce the passing of one of nature's noblemen from earthly scenes and duties. Born in 1853 in Florence, N. C., of parents in humble circumstances, he prepared himself for entrance to a medical college by patient night study, after the close of his daily labor. Having an analytical mind and a most tenacious memory he made rapid progress, both in his preparatory reading and while attending lectures at the P. and S. Medical School in Baltimore, of which institution he was an honored graduate. The doctor was not one who dropped his studies on leaving college, but has ever been a diligent student. He was very fond of surgery and would willingly ride for miles over rough and muddy country roads to give the aid of his well trained hand and sound judgment in a case of surgery. Did the sufferer have nothing with which to pay? It mattered not; the rich and the poor alike were the recipients of his best services. On several occasions he took post graduate instruction at his Alma Mater and in New York, ever striving to keep fully abreast of the times. For 18 years he was physician to Guilford College. In 1875 he was married to Miss Frances Barker, of his native county, who with three children survive him.

Dr. W. O. McDowell.—Dr. W. O. McDowell, of Scotland Neck, died at his residence on August 15th. He had been in failing health for several years and for the past ten months had been confined closely to his room. Dr. McDowell was reared at Murfreesboro, where his father was president of the Chowan Female College. He was educated at Wake Forest, took a course at the University of Virginia, and completed his medical education at the University of Pennsylvania. For nearly twenty-five years he was engaged in the practice of his profession, having built up a large and lucrative practice, being regarded, in and out of the profession, as one of the most learned physicians in the State. For many years he had been deacon in the Baptist Church, of which he was a consistent member. Dr. McDowell will be missed in professional circles, for his counsel was always wise—but most of all will he be missed at home where a devoted wife and five devoted sons mourn his loss. He lived a useful life of nearly fifty years; lived in such a manner that others can take pattern after him and not be led astray.

Dr. S. J. Love.—Dr. S. J. Love, of Union county, died on Sept. 4th, at the home of his father, with whom he lived.

The circumstances attending the doctor's death are very sad. His father, Mr. Thomas Love, was having his wheat threshed and the family dined with their neighbors who were aiding in the work. A few minutes after partaking of the repast Dr. Love became violently ill, suffering intense pain and nausea, exhibiting typical signs of arsenic poisoning. His mother sister, brother and several others exhibited similar, though milder symptoms and all have recovered excepting Dr. Love, whose symptoms gradually grew worse until his death which occurred in about 36 hours.

Dr. Love was only 32 years of age, but he had built up a very large practice and was highly esteemed and respected.



A Manual of Obstetrics. By A. F. A. King, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, Wshington, D. C., and in the University of Vermont, etc. Eighth edition, revised and enlarged. Lea Brothers & Co., Phildelphia. 1900.

This volume has attained deserved popularity. It is only intended as an "elementary work" but is sufficiently thorough to be of use to student and practitioner alike. It has been found necessary to make very few changes from the last edition, two years ago; however, where deemed advisable such changes have been made and several additional illustrations incorporated.

International Clinics. A quarterly of clinical lectures and especially prepared articles on topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D. Vol. II. Tenth series. J. B. Lippincott Co., Philadelphia. 1900.

Several very interesting papers appear in this volume. Dr. Biss gives his idea of the treatment of diphtheria, which is the administration of antitoxin at the earliest possible moment, erring rather to the side of over-dosage than giving too little. The treatment of symptoms must go on independently of the specific treatment. Dr. Barie recommends sodium tellurate in the treatment of night sweats of phthisis, claiming unusually good results from its use. Dr. Andrew H. Smith calls attention to the inadequacy of the physical signs as indicating the severity of pneumonia. Dr. J. C. Wilson writes on a typical enteric fever. Dr. Henry T. Patrick notes, from cases exhibited, the importance of other symptoms than incoordination in the diagnosis of locomotor ataxia, and also discusses the treatment. Dr. Edmund Andrews reviews the modern operations for the radical cure of inguinal hernia and furnishes cuts illustrating the distinctive steps in the various operations. These are only a few of the thirty-odd papers presented.

Fractures. By Carl Beck, M. D., Surgeon to St Mark's Hospital and the New York German Poliklinik, etc. With an Appendix on the Practical Use of the Röntgen Rays. 225 pages, 170 illustrations. Cloth, $3.50 net. W. B. Saunders, Philadelphia.

This book is interesting chiefly for the attention it draws to the value of the Röntgen rays in the diagnosis of fractures. The importance of the rays is fully and clearly set forth throughout the work, some of the radiographs being excellent. Outside of this feature there is nothing unusual or superior. The treatment of compound fractures from the aseptic point of view is commendably emphatic and thorough,—as might have been expected from Beck. The book is very readable. H. A. R.

The Essentials of Hematology. Practical Guide to the Clinical Examination of the Blood for Diagnostic Purposes. Illustrated. Published by the Palisade Manufacturing Company, Yonkers, N. Y.

This little brochure is a guide to the clinical examination of the blood and is illustrated with a number of cuts. The little work will prove useful. It has the characteristic elegance seen in all the productions of this house.

The American Illustrated Medical Dictionary.—About September 25th W. B. Saunders & Co. will have ready "The American Illustrated Medical Dictionary", by W. A. N. Dorland, editor of "The American Pocket Medical

Dictionary." This is an entirely new and unique work for students and practitioners. It contains more than twice the matter in the ordinary students' dictionary, and yet by the use of clear, condensed type and thin paper of the finest quality, it forms an extremely handy volume only one and one-half inches thick. It is a beautiful specimen of the book-maker's art. It is bound in flexible leather, and is just the kind of a book that a man will want to keep on his desk for constant reference. It is absolutely up-to-date, containing hundreds of important new terms not to be found in any other dictionary. It is also extremely rich in the matter of tables, containing over one hundred original ones, including new tables of stains and stainingmethods, tests, etc. An important feature of the book is its handsome illustrations and colored plates drawn especially for the work, including new colored plates of arteries, muscles, nerves, veins, bacteria, blood, etc., etc.—twenty-four in all. This new work has been aply termed by a competent critic, "The New Standard".

The Leading Article in Scribner's for September is entitled "In the Gameland Our Fathers Lost," with illustrations from photographs by the author, Frederic Ireland. It is an interesting acconnt of a hunt for "big game" in British Columbia, and in conclusion tells how this country lost all that splendid territory by reason of a Scotch fur trader named Mackenzie mistaking the Fraser river for the Columbia. "With the Arctic Highlanders". by Walter A. Wycoff, is a good story of a voyage to the ice-bound North, and is illustrated by many photographs taken by the writer. The second paper on "The Slave Trade in America," by John R. Spears, is a tale of the horrid cruelty of the masters of the old-time slave vessels in dealing in human flesh and blood. This issue also contains a lot of other interesting contributions, making the September number especially valuable.

New Books soon to come from the presses of W. B. Saunders & Co., Philadelphia:

"Modern Medicine", by Drs. J. L. Salinger and F. J. Kalteyer, of Jefferson Medical College, Philadelphia. Price, $400 net.

"Rhinology, Laryngology, and Otology, and their Significance in General Medicine", by Dr. E. P. Friedrich, of the University of Leipsig, and Dr. H. Holbrook Curtis, of New York. Price, $2.50 net.

"A Text-Book of Histology", by Drs. Bohn and Davidoff, of Munich, and Dr. G. Carl Huber, of Ann Arbor, Michigan. Ready in October.

"Essentials of Histology", by Dr. Louis Leroy, of Vanderbilt University. Price, $1.00 net.

"Surgical Technic for Nurses", by Emily A. M. Stoney, author of "Stoney's Nursing".

NEW EDITIONS.

"Anders' Practice of Medicine", 4th edition. Price, $5.50 net.

"McFarland's Bacteriology", 3rd edition, revised, enlarged. Price, $3.25.

"Hyde & Montgomery's Venereal Diseases", enlarged edition. Price $4.00.

"American Text-Book of Physiology", 2nd edition revised, in two volumes. Volume I now ready. Price, $3.00 net per volume.

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Acid Arsenious, 1-20, 1-30, 1-50, and 1-100 gr. Medical properties.—Anti-periodic, Alterative. Dose, 1 to 2.

Aconitia.....1-60 gr. Med. prop.—Nerve Sedative. Dose, 1 to 2.

Peristaltic.—Each containing Alion ¼ gr., Ext. Bellad. ⅛ gr., Strychnin. 1-60 gr., Ipecac 1-16 gr. Dose, 1 to 2.

Atropine.....1-60, 1-100 gr. Med prop.—Anodyne. Dose, 1 to 2.

Atropinae Sulph......1-60 gr. 1-100 gr. Med. prop.—Anodyne. Dose. 1 to 2.

Codeia..... ¼ gr, ½ gr. Med. prop —Anodyne, replacing Morphia without the usual disagreeable after effects produced by the latter.

Corrosive Sublimate...1-12, 1-20, 1-40, 1-60, and 1-100 gr. Med. prop.—Mercurial Alterative. Dose, 1 to 2.

Digitalin.....1-60 gr. Med. prop.—Arterial Sedative. Dose, 1 to 2.

Ext. Belladonna, (English).....¼ gr. Med. prop.—Anodyne. Dose, 1 to 2

Ext. Ignatia Amara.....¼ gr. Med. prop.—Nerve Sedative. Dose, 1 to 2.

Ext. Cannabis Indica.....¼ gr. Med prop.—Anodyne. Dose, 1 to 4.

Ext. Hyoscyam, (English).....¼ gr. Med. prop.—Nerve Stimulant. Dose, 1 to 3.

Ext. Nuc. Vomicae.....¼ and ½ gr. Med. prop.—Nerve Stimulant. Dose, 1 to 3.

Gelsemin..... ¼ gr. Med. prop. — Emetic, Diuretic, Cathartic. Dose, 1 to 2.

Hyoscyamia.....1-100 gr. (Crystal Pure Alkaloid.) Med. prop. —Anodyne, Soporific. Dose, 1.

Mercury Prot. Iodid.....¼ gr. Med. prop.—Alterative. Dose, 1 to 4.

Mercury Prot. Iodid......½ gr. Med. prop —Alterative. Dose, 1 to 2.

Mercury Prot. Iodid......⅛ gr. Med. prop.—Alterative. Dose, 2 to 4.

Mercury Iodide Red......1-16 gr. Med. prop.—Alterative. Dose, 1 to 3.

Morphinae Sulph......1-20 gr. Med prop.—Anodyne.

Morphinae Sulph......1-10 gr. Med prop.—Anodyne. Dose, 1 to 2.

Morphinae Sulph......1-6 and ⅛ gr. Med. prop —Anodyne. Dose, 1 to 2.

Morphinae Sulph......¼ and ½ gr. Med. prop.—Anodyne. Dose, 1 to 2.

Podophyllin, 1-10, 1-6, ⅛, ¼, and ½ gr. Med. prop —Cathartic. Dose, 1 to 4.

Podophyllin Comp......
Med. prop.—Cathartic and Tonic. Dose, 1 to 2.

Podophyllin	½ gr.
Ext. Hyoscyami	⅛ gr.
Ext. Nuc. Vomica	1-16 gr.

Strychnine, 1-16, 1-20, 1-30, 1-32, 1-40, 1-60, and 1-100 gr. Med. prop.—Nerve Stimulant, Tonic. Dose, 1 to 3.

Strychninae Sulph., 1-16, 1-20, 1-30, and 1-32 gr. Med. prop.—Tonic. Dose, 1 to 2.

Veratrinae Sulph., 1-12, 1-40, 1-60, and 1-100 gr. Med. prop.—Powerful Topical Excitant. Dose 1.

Zinc Phosphide.....1-6 and ¼ gr. Med. prop.—Tonic. Dose 1 to 3.

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Therapeutic Experiences and Suggestions.

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Intestinal Rest in Typhoid.—It is an axiomatic principle in both Surgery and Medicine that a congested or inflamed part needs rest.

The surgeon recognizes this when he immobilizes the fractured bone and retains the fragments in opposition ; the physician likewise appreciates the great importance of this principle in cases of gastric ulcer when he feeds his patient by the rectum in order to avoid irritating the inflamed part either directly, or by exciting gastric motility. Although typhoid fever is essentially a systematic disease, its characteristic local lesion is the intestinal ulcer, which should, as far as possible, be *kept at rest.* Milk, which has heretofore been regarded as the only proper exclusive food, is, as a recent writer says, "not a liquid diet, but a deceptive solid"—capable of filling the small intestines with dense indigestible curds which scratch and irritate the ulcerated bowel, and in addition, ferment and cause gaseous distention, tympanites, etc. *Liquid Peptonoids*, on the other hand, is open to none of these objections. Its administration *affords rest* to the ulcerated intestinal tract, because :

1st. *It is pre-digested* and therefore promptly absorbed from the stomach, leaving no residue for the bowel to dispose of.

2d. *No curds* are formed as from milk.

3d. *It is absolutely aseptic* and cannot cause fermentation, tympanites or increased peristalsis, resulting in diarrhea.

4th. *It has the requisite nutritive power* to maintain life for weeks and even months, especially in febrile conditions.

Another advantage of *Liquid Peptonoids* is its *palatability*, which renders it grateful to the patient, especially when given ice cold.

From one to two tablespoonfuls every two, three or four hours, should be given as necessary. When an efficient intestinal antiseptic is required, as it very frequently is in this disease, *Liquid Peptonoids with Creosote* provides both food and remedy at one and the same time. The unpleasant taste of the Creosote is almost entirely abolished in this combination. Each tablespoonful contains two minims pure beechwood creosote and one minim of guaiacol, its active principle.

Food Theory of Medicine.—Walter Emery Merrill, M. D., U. S. Marine Hospital Service, says : "Among the advanced members of our profession, I believe the drug tissue-feeding theory no longer obtains. And rightly so, for it has not been proved that medicine is ever, *in itself*, a food. The large number of malarial cases emanating from the tropics are cured in the Marine Hospital service, not by tissue-feeding, but by ridding the system of the intruder and directing the vital forces along the lines of repair. This I find to be best done by the frequent and judicious administration of laxative antikamnia and quinine tablets."

Cereal Extractives for Modifying Cow's Milk.—In some cases a cream mixture agrees better than diluted milk, or whey thickened with a small quantity of malted food or predigested gruel is retained when other forms of food are rejected. Gradually and with caution the amount of milk is in-

creased, until at last the child is able to take the full allowance suitable to its age. Even when the stage of convalescence is well advanced, it is advisable to restrict the infant to a milk diet, with or without Mellin's Food, and to avoid the use of unmalted foods for some time.—Fenwick's "Disorders of Digestion in Infancy and Childhood."

Wm. Geddes, M. D., 1720 14th St., Washington, D. C., says: Aletris Cordial has proven, in a case of dysmenorrhea of some years' standing wonderfully efficacious, and has, apparently, given to the sufferer complete relief. This being the first case in which I have had occasion to try the Aletris Cordial, and sufficient time having elapsed for me to speak of the permanence of the cure, I can say that I propose to continue the use of Aletris Cordial in all such cases, and wherever a uterine tonic is indicated.

An American Remedy in Ireland.—The Antikamnia Chemical Company have forwarded to us from their London House, No. 46 Holborn Viaduct, samples of their five-grain antikamnia tablets, and also of antikamnia & codeine tablets. The former are so well known that it seems hardly necessary to do more than refer to them as an unequalled analgesic. The antikamnia & codeine tablets contain four and three-fourth grains of antikamnia and a quarter of a grain of codeine. This is a valuable combination, the synergetic effects being all that could be desired.—Extract from *Dublin Medical Journal*, March, 1900.

Uterine Derangements.—I have used Aletris Cordial in my practice for over a year, and to say that I am pleased with it does not nearly express the degree of my satisfaction. Aletris Cordial fills a long-felt want with me. Symptoms attending uterine derangements have always been perplexing to physicians, but with this remedy the trouble vanishes as dew before the rising sun.—L. M. McLendon, M. D., Georgiana, Ala.

"**The results** of Hagee's Cordial of Cod Liver Oil Compound have been most remarkable. For sub-acute and chronic bronchial and pulmonary troubles it is the ideal compound. As a reconstructive to the tissues and nerve tonic I have found nothing to equal it. It is non-irritating to the stomach and freely absorbed and assimilated."—John W. Vaughan, M. D., Professor of Orthopedic and Clinical Surgery, Barnes' Medical College, 1101 North Vandeventer Avenue, St. Louis.

Treatment of Cancerous Cachexia.—Lawrence (*The Medical Brief, April, 1900,*) gives as the best treatment for cancer and the cachexia attending it, teaspoonful doses of Ecthol four times daily in conjunction with alterative doses of iodide of arsenic. The latter should be administered in doses ranging from one-sixtieth to one-thirtieth of a grain three times a day and continued for a long period. Ecthol contains the active principle of thuja which is accorded specific value in cancer. The treatment outlined is aimed to cause absorption of the cancerous tissues.

An Additional Honor.—We have just been advised of the award by the judges of the Paris Exposition, to Messrs. Wm. R. Warner & Co., of Philadelphia, New York and Chicago, of the highest medal prize, for their justly celebrated pharmaceutical products. This makes the 17th World's Fair highest prize, which has been awarded this well known and justly celebrated firm, and we join in congratulations to Messrs. Wm. R. Warner & Co. over their well merited and unbroken line of victories in competition with the World's manufacturers.

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The Anodyne Treatment of Acute Peritonitis, McCaffrey "*The Etiology, Pathology and Treatment of Acute Peritonitis*," 1899) observes that the most pronounced indication for treatment in peritonitis is that for the relief of pain. Blisters and counter-irritation, the older resorts are practically useless. Hot water bags and poultices are far superior, but the relief they afford is only temporary. In some cases the ice bag is more grateful than hot applications. But whether hot or cold is employed it should be relied upon only until other lines of treatment can be instituted. Papine should be given in teaspoonful doses ever hour, and the doses repeated frequently enough to afford the desired results. Relief from pain, short of narcosis, should be sought, and this is generally easily obtained by proper dosage. Papine does not produce nausea, but rather prevents this symptom. In the event of the development of more or less prostration, a proper stimulant, such as strychine or nitro-glycerine, should be judiciously employed.

Microbes Survive Terrific Cold.—There is a popular impression that microbes and germs of all kinds are killed by intense cold. Recent experiments in the laboratory of Professor Dewar, the man who solidified hydrogen, show that this impression is erroneous. Many forms of bacteria were subjected to the tremendous cold of liquid air for an entire week without interruption, yet afterward they developed as vigorously as they would have done if they had not undergone so frosty an experience.

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Twenty-Third Year. OCTOBER, 1900. Vol. 46, No. 4.

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DIETETIC NOTES,

suggesting the articles of food to be allowod or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LAMBERT'S LITHIATED HYDRANGEA.

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THE CAROLINA

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Editorial.

MEDICINE AS A PROFESSION.

We give below an address by Dr. George F. Shrady, of New York, bearing upon the prospects held out by the profession of medicine to a young man seeking his life's work. While it is not to be denied that much contained in this article is absolutely true; that the "dead level" of medical men cannot hope to keep up with our rapidly advancing science in all its branches, still it must be conceded on the other hand that the average educated physician represents in his knowledge and medical attainments a very large proportion of the practical and well proven achievements of modern medicine. In general we also express a high sense of appreciation for the average general practitioner, especially of the country districts, who alone, and far from hospitals and specialists, struggles manfully with disease in all its forms, consciensciously doing his duty and not infrequently saving human life. Such a one may not advance our knowledge of the life history of a pathogenic germ, or discover a new antitoxine, but we are not by any means inclined to consider his life a failure on that account.

It hardly seems reasonable either, that the "great doctor is greater than ever," or that the "average doctor is a smaller personage than he ever was before". The professional attainments of the average physician should certainly be higher than formerly, or else there is little to boast of in our

modern system of teaching, our hospital facilities and our extended course of study. All of these most certainly tend towards equality. Furthermore when a great surgeon or physician dies it is not true that there are a score or more of other men, any one of whom is entirely competent to take his place? The specialists in the smaller towns and cities successfully compete with those of great medical centres despite the modern facilities of travel, and on the whole it would seem that knowledge and competency is becoming more widely diffused throughout the masses and less and less the exclusive possession of the individual.

"Forty-five or fifty years ago, the medical profession seemed on point of losing its hold of the educated men. But at that moment, Joseph Lister, the great Scotchman, was hammering away upon the idea, "Keep your hands, your surgical instruments, and the wounds of your patients clean." Lister was laughed at, at first, but the results of his work soon began to convince his brethren. Surgery leaped to the front, whereas, before, there had been so many deaths under the knife and saw, that going to the operating table was regarded as a sure passport to the grave. Simply taking off a man's arm or leg was as likely as not to kill him. Doctors knew how to cut, then, almost as well as they do now, but they had no idea of the importance or the meaning of aseptic hands and instruments. They knew nothing of bacteriology, a branch of medical science which has been discovered and developed within the last thirty years.

"This science naturally had its beginning in the discovery of the necessity of aseptic hands, and to Lister, in surgery, and to Koch, Pasteur, Virchow and others in bacteriology, we owe the advanced position of the profession to-day. Then there has developed, within the past twenty-five years, another branch, that of sanitation, and from this there are springing still other important branches, mind cure, hypnotism, and the psychology of the profession that has to deal with insanity and other forms of brain and nerve diseases.

"Of the so-called three learned professions, medicine is the only one that has added anything, of late, to the world's knowledge. Climates have their peculiarities of disease and treatment, but medicine is medicine all over the world, while the pulpit is still handicapped by sectarianism, and so many of the old theologial planks have become strained in the pulpit of certain denominations that the preacher knows not what moment he may sink through the floor. Law continues to exist on precedent, and often proceeds without regard to common sense and existing facts. I will admit that much of the practice of materia medica is more or less empirical, but much of medicine is an exact science, which cannot be said of law ortheology.

"The medical profession offers, at this day, the best field to an educated young man who has not an emotional imagination, but who has the enthusiasm and energy of the born artist. It is a profession in which a great stock of energy amounts to a genius. It now embraces biology, psychology, and metaphysics, and it is becoming more the work of prevention than the cure of disease. A doctor to-day makes doctors of the laymen of his community by teaching them how to prevent disease themselves. A certain knowledge of medicine is now a popular possession. The people understand more or less if its terms. Physiology and hygiene are in the school books. A knowledge of sex is taught young men and women in college, so as to promote socia virtue.

"The great doctor is greater than ever especially in the field of research and discovery; but the average doctor is a smaller personage than he ever

was before, that is why the profession seems to have declined and lost many of its old-time attractions for educated men. An ordinary pill purveyor and diagnoser will soon be regarded with no more reverence than the man who sells the pills. On the dead level, the profession is overcrowded, badly paid, and has lost much of the old-time homage of society. I would say to the young fellow who may be graduated to-day, if he has not a great capital of enthusiasm and energy, and if he loves money, there is more reason now than ever before that he should let this profession alone. The title, M. D., *per se*, is of no special merit. On the other hand, the surgeon who takes out the stomach of a man dying with cancer and preserves his life, or the observer who defines and destroys the microbe of yellow fever, is ranked with the masters and the miracle workers. Climb to the summit or keep shop"

RECENT DEATHS IN THE MEDICAL PROFESSION.

Within a comparatively short period of time three leaders in the medical profession of this country have passed into the great beyond: Dr. Jacob M. Da Costa, of Philadelphia; Dr. Hunter McGuire, of Richmond, Va., and Dr. Lewis A. Sayre, of New York. The first named was born on the island of St. Thomas, West Indies, and after a literary and classic education of unusual thoroughness and finish, received in Germany, he studied and graduated in medicine at the Jefferson Medical College, in Philadelphia. After graduation he spent two years in the hospitals and schools of Paris and Vienna. The great teachers of those days, especially of the French schools, made a lasting impression on his mind, and many years afterwards he would frequently quote in his lectures the sayings and teachings of his former professors. While his renown as a writer rests largely on his labors in the field of physical diagnosis, particularly as applied to diseases of the chest, Dr. Da Costa always regarded himself as a general practitioner. As a lecturer he was dignified and impressive, presenting his subjects in a most attractive manner, and was easily the most popular lecturer in the school with which he was connected. In fact he may be said to have had few equals anywhere in this respect.

Dr. Hunter McGuire was too well known in this section of the country to require any very extensive remark. A hard and consciencious worker, a man of strong opinions and forceful nature, he was chief among the older generation of surgeons in this section. As Stonewall Jackson's physician he was intimately associated with that unique character, and his address on Jackson presents perhaps the dearest and most impressive picture of that heroic figure that we remember to have heard.

Dr. Lewis A. Sayre, whose recent death has been announced in the press dispatches, was, as is well known, one of the pioneers in the development of orthopedic surgery in this country, and up to the time of his death enjoyed an enviable reputation in that particular branch of medical science.

With the exception of Dr. Sayre it is noticeable that both Dr. Da Costa and Dr. McGuire died at a comparatively early age—the one at 67 years and the other at 65. It does not seem as though our prominent medical men in this country attain as ripe an old age as do their European confreres, which may in part be attributable to the strain and pressure of American life—trying to accomplish too much in a given time.

A LOST OPPORTUNITY.

It has been lately announced in the news columns that Mr. Charles Broadway Rouss, of New York City, had withdrawn his offer of one million dollars to any one who would cure him of his blindness, having at last become convinced that his disability was permanent. It will be remembered that Mr. Rouss has been afflicted with blindness for the past five years, and had been informed by eminent specialists that the nature of his malady was of a character that could not be influenced by any medical or surgical measures, and that he would never recover the use of his eyes. Not content to at once give up all hope, Mr. Rouss announced to the world that he would give the above mentioned sum of money to the person instrumental in the restoration of his sight. Hundreds of alleged healers, Christian scientists, divine curers, second sight seers, hypnotists, spiritualists and disciples of Buddha and Confuscius tendered their services with all the assurance usually characteristic of this type of medical fakir. Mr. Rouss, however, while not at all disinclined to avail himself of any aid which might possibly be derived from irregular sources, possessed sufficient good sense not to trust himself in their hands. He employed a man named Martin, who was afflicted in a manner similar to himself, to act as his substitute. When the socalled healer presented himself, and his bold promises of cure, he was referred to the subititute Martin, upon whom he must first demonstrate his ability. This was not at all to the liking of the aspirant for the million dollar reward, and though at various times in was reported that some one was rapidly restoring the sight of the man Martin, he and his employer remain to-day as blind as ever. It was a great opportunity for the medical fake and fanatic.

INTRA-SPINAL ANALGESIA.

In the last issue of this journal comment was made upon Professor Tuffier's method of producing general anaesthesia by the injection of a solution of cocaine into the spinal canal. A few days ago Dr. W. W. Keen, of Philadelphia, for the first time employed this method in an operation for hernia. The patient, an aged colored man, was presumably unable to take the usual anaesthetics, and instead anaesthesia was produced by the spinal injection of cocaine. In the present issue will be found a very interesting report of intra-spinal cocaine analgesia, by Dr. T. P. Whaley, of Charleston, S. C., who employed it in amputating a limb. The result was highly satisfactory. Dr. Whaley also refers in his report to a case of popliteal aneurism in which he operated very successfully with the same method. This operation lasted forty-five minutes. The newspapers of New York, Philadelphia and Chicago give daily, more or less accurate accounts of a similar employment of Dr. Tuffier's method so that it would seem as if intra-spinal analgesia was being very extensively tried in this country at the present time. The profession generally will watch the results with much interest; meanwhile it appears as if the resources of our art had received a very substantial and permanent addition.

Dr. I. N. Love, of St. Louis, has removed to New York to accept the position of professor of medicine in the Post-Graduate School of Medicine.

Medical News and Items.

Typhoid Fever continues to rage in Paris.

Yellow Fever is ravaging the west coast of Africa.

Chicago is establishing an emergency hospital in her vast stock yards.

Governor Sayers, of Texas, estimates the death loss, as a result of the storm, at 12,000.

Bubonic Plague has reached South America, cases being reported from the principal cities of Brazil.

Small Pox—that dread scourge of the Indian—has recently broken out among the Indians in North Dakota.

Dr. Jno. B. Murphy has been elected to the professorship in surgery in the Northwestern University Medical School.

Christian Scientists say that as an evidence of the necessary faith, the fee must invariably be paid in advance, and is always demanded.

The Hospital on Blackwell's Island, New York, will, after the first of the year, be made a general isolation hospital for cases of tuberculosis.

The United States government has abandoned the idea of building a large hospital at Nagasaki, Japan, owing to the fact that our troops will probably soon be recalled.

Dr. John Guiteras, formerly professor of pathology in the University of Pennsylvania, has been appointed to a similar position in the University of Havana. He has also been made editor of the *Revista de Medicina Tropical.*

At a scientific meeting in New Haven, lately, Professor Scripture, of Yale, reported progress in producing anæsthesia by electricity. It is possible by this invention in its present stage to deaden sense so that pins may be inserted in the flesh without producing pain.

Any physician desiring to give his son or daughter a course of study in a business college, can save $10.00 on the price of tuition by communicating with this JOURNAL. We have for sale a scholarship in Lee's Business College, of Charlotte, N. C., including a guarantee of a position when the course is completed.

Tuberculosis has been decided by the Secretary of the Treasury and the Commissioner of Immigration to be a contagious disease, and immigrants suffering from the disease will not be allowed to land in the United States. This was brought about by the refusal of the San Francisco authorities to allow a Japanese clergyman afflicted with tuberculosis to land.—*Medical Age.*

According to the *Medical Record*, a mob recently attacked a Chicago dispensary and nearly demolished the building before the rioters were dispersed by the police. The disturbance was caused by a story being circulated to the effect that the physicians had carried a neighbor's child into the dispensary and were cutting him to pieces for medical purposes. After the disturbance the missing child was found. The rioters were mostly ignorant Bohemians and Lithuanians, who had been worked up to a high

pitch of excitement by stories of dissections at dead of night and experiments upon kidnapped children.

How to Stop Coughing.—The *Virginia Medical Semi-Monthly* correctly states that coughing is precisely like the scratching of a wound; so long as it is continued, the wound will not heal. Let a person, when tempted to cough, draw a long breath and hold it until it warms and soothes every air cell. The benefit will soon be apparent.

The Physicians of the Johns Hopkins Hospital employ this plan to prevent the mixing up of the newly-born in the obstetrical wards. A square of water-proof adhesive plaster, on which is written the baby's name, is applied tightly between the shoulder blades. This remains secure until the baby and its mother leave the hospital, when it is pulled off without giving the infant pain.

To Administer Cod Liver Oil.—A somewhat clever ruse, practiced for the purpose of administering cod-liver oil to those who object to it, is described as breaking up a conspiracy among the patient's olfactory, optic, and pneumogastric nerves. The patient probably confesses he likes sardines so without his becoming aware of the trick, the preservative cottonseed oil is emptied away and the sardine box is filled with fresh cod-liver oil, of which every day the patient unconsciously takes a substantial amount.

Alcohol With Carbolic Acid.—The experiments and observations of Dr. Seneca D. Powell prove that when alcohol and carbolic acid are mixed in the cavity of a wound, the corrosive action of the acid is neutralized without interfering in the least with its antiseptic properties; and the experience of ambulance surgeons has been favorable to the internal use of alcohol in cases of poisoning from swallowing carbolic acid. The other day a young woman who was desirous of ending her life mixed the lethal dose of carbolic acid with some whiskey. When the ambulance surgeon arrived he found that the liquor had neutralized the poison and the girl suffered no serious injury.—*Exchange.*

Epithelioma Treated by Means of Sunlight.—Bie (*Dermatologische Zeitschrift*, August, 1900,) reports sixteen cases of epithelioma treated with the chemical rays of Finsen's Institute, seven of which have been completely cured. One was apparently cured, but had a recurrence. Five were improved, but not cured, and in three cases the treatment failed to produce results of any kind. One case which was cured has been under observation for two and a half years, without any signs of recurrence; the other cases, from six to ten months. This method of treatment is successful only when the growth is superficial and accessible.—*Journal of the American Medical Association*, *Sept. 1, 1900.*

The Brazilian Twins.—It is announced that one of the twins, whose separation was performed by Dr. Prevost on May 30th in the San Sebastian Hospital, died on the seventh day from inflammation of the pleura. Before the operation, Rosalina had suffered an attack of grippe, while Maria remained well, satisfying the surgeon that there was no physiological or anatomical condition to forbid their separation. The children were chloroformed separately, and the operation lasted two hours. When they came out from under the influence of the anæsthetic, each asked where her missing sister was and when they realized that they were separated and still alive, they exclaimed, "Oh, Doctor, how good you are."

Modern Medical Teaching.—Teaching a medical student to think, and giving him during his college training a foretaste of those problems which will confront him in actual practice, are features of the student's tuition that are sometimes neglected it modern schools. The didactic lecture is gradually losing ground as a means of instruction, but it certainly holds on longer in the medical than in any other department of university work. For beginners, didactic lectures and text-book recitations have theis advantages, but they are not adapted to the needs of the upper classmen. The clinics for the junior and senior classes, which have to some extent superseded the lecture work, are in many cases mere "vaudeville." The students even in the front row of the amphitheater see only the surgeon's back and the pretty costumes of the nurses. More individualization seems necessary in teaching, the division of classes into small sections, personal association with the instructors, and the giving to students typical cases for examination, diagnosis, and treatment.—*Medical Age.*

A Move in the Right Direction.—It has already been suggested that it is doubtful whether those who commit *felo de se* by willful "contributive negligence," in refusing to accept any of the usual and probable means of recovering from disease, could give their heirs a moral or legal claim for payment under a policy of life insurance. It is an analogous question whether life insurance companies ought to take risks on the lives of persons addicted to Eddyism, etc., charging of course (indirectly) the losses incurred thereby to the main body of honest insurers, through rates that have to be maintained unnecessarily high; or, in the case of mutual companies, directly defrauding those who do their duty in the preservation of life. It is a good sign, that the "Knights of Honor", a mutual insurance society, have determined to exclude votaries of Eddyism and like imaginary devices, from membership in that order. If life insurance companies and societies generally, would adopt this policy, it would at least be honest, and might lead some misguided persons, not fanatics, to pause and think soberly once before drifting passively to death.

In Case Breathing has Stopped.—A knowledge of just what to do in cases of this sort should be possessed by every one, as occasions are not infrequent when such knowledge may be the means of saving a human life. If a person suddenly stops breathing from fainting or other cause, no time should be lost. All restrictions should be removed, but time should not be consumed in removing the clothing in a methodical manner. See that the mouth is free from obstruction, and begin at once artificial breathing movements. These may be effected by raising the arms above the head in such a manner as to draw out the sides of the chest, and restoring them to position, repeating this manœuvre regularly about twelve or fifteen times per minute. At the same time the sides of the chest may be forcibly compressed with the hands, care being taken to make these movements ryhthmical, and to make them coincide with the movements of the arm, the compression being made when the arms are brought down at the side. While this is being done hot water should be obtained. A hot bag, or a cloth wrung out of hot water, should be placed over the chest. Hot water should be applied to the head, face and to the back of the head. Alternations of heat and cold to the back of the head and to the spine are most effective. Downward pressure of the chest may also be employed. These are among the most important measures, and if used efficiently will usually succeed in recovering those who otherwise might have died.

A Free Scholarship at Philadelphia.—A free scholarship in the Philadelphia College of Pharmacy has just been established through the munificent endowment of the Keasbey & Mattison Company, of Ambler, Pa., whereby meritorious students, who are likely to become useful, progressive members of the pharmaceutical fraternity, may after successfully passing a a competitive examination, and producing satisfactory evidence of ability before the committee of the college, become entitled to free tickets to all the lectures. The scholarship thus established embraces all the branches taught in the college, and has been created through the desire of Mr. Henry G. Keasbey and Dr. R V. Mattison, both of whom are graduates of the Philadelphia College of Pharmacy, to lend a helping hand to some of the hard working young men who have chosen the practice of pharmacy as their life work, trusting that the knowledge thus placed at their disposal through the generous thoughtfulness of Messrs. Keasbey & Mattison may not only benefit its recipients, but that they will feel morally bound to help others in the business who may be less fortunately situated than themselves, and the honor and usefulness of the profession be thereby enhanced. All persons desiring to avail themselves of the privileges of the scholarship should address the Dean of the Faculty, Prof. Joseph P. Remington, 145 North Tenth street, Philadelphia, at once.

It is most gratifying to record this evidence of the sense of obligation to pharmacy felt by one of the most successful practitioners. The endowment will be of great value not only to the recipient of the scholarship, but to the cause of pharmaceutical education generally.

The Rarity of Caries in Teeth of Hindus.—The *British Medical Journal* for August 4, commenting on a paper by Dr. Egbert, in the *British Journal of Dental Science*, says that the Indian people are remarkably exempt from caries, and do not often lose their teeth from this cause. There can be little doubt that the immunity is largely due to the fact that careful and regular cleaning of the teeth is a universal habit to India. It is strictly observed, because it is laid down as an important part of religious ritual. Very exact rules for its perfomance are given in the great book of Brahmin ritual, called *Nitia-Karma.* To clean his teeth, the Hindu uses a small twig, one end of which he softens out into the form of a painter's brush. Squatting on his heels, and always facing either east or north, he scrubs all teeth with this brush, after which he rinses his mouth with fresh water. There is, indeed, much in the personal habits of the Indian races which might with advantage be imitated by Western peoples. All Hindus, for instance, strictly observe the custom of washing with water after answering a call of nature, and the European habit of using paper is looked upon by them as an utter abomination, of which they never speak except with horror. They object just as strongly, also, to our use of a hand kerchief which is afterward put in the pocket. The general neglect of the teeth in this country is certainly deplorable. Even among the richer classes it is quite uncommon to meet with people who make a regular practice of cleaning the teeth after each meal,—a most desirable habit on hygenic grounds,—and large numbers of the lower orders never use a tooth-brush at all. The vegetable nature of the Hindu's food probably has its influence in rendering him less prone to caries than the meat eater, but there can be no doubt that he owes immunity from much pain and ill health to the salutary habit which his religion has wisely enjoined.—*New York Medical Journal.*

The Carolina Medical Journal.

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Illustrations necessary to elucidate the text will be provided without expense to authors when suitable ink drawings or photographs are furnished.

Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

Original Communications.

*Epiphora; Lachrymal Abscess; Congenital Absence of Lachrymal Punctæ Stricture of the Lachrymal Duct.

By L. WEBSTER FOX, A. M., M. D., Philadelphia, Pa.

(ILLUSTRATED.)

I PRESENT to you to-day a group of cases which possibly in the whole range of opthalmic surgery gives more trouble to the surgeon and is more discomforting to the patient than any other disease with which we have to deal. The least exposure to cold or draughts of air causes the tears to flow over the margins of the eyelids, and in many cases produce eczematous eruptions on the cheeks. The presence of pus in the lachrymal sac causes not only an inflammation of the nasal cavaties, but also of the conjunctiva, and this condition leads to radical changes in the delicate tissues of the eyelids and Schneiderian membrane of the nose. Not only is the appearance of the eye repugnant, but the foul odor from the diseased bone in the nasal cavity is most offensive, and renders these unfortunate patients objects of sympathy. It therefore becomes your duty as surgeons to try to alleviate their sufferings as much as possible.

The seat of the trouble may exist anywhere along the track of the canal, from the opening of the puncta lachrymalia to its termination in the nasal fossæ, and affects all ages, from the newly born to the aged. As you are aware the lachrymal gland, which secretes the tears, is situated in the orbit in the upper and outer quadrant. This gland, in its normal condition, secretes sufficient fluid to lubricate the eyeball and to aid in keeping the cornea nourished and in washing away extraneous matter, which otherwsie would find lodgment on the transparent cornea and cause dimness of vision

*Clinical lecture delivered to students Medico-Chirurgical College.

and probably permanent loss of sight by inflammatory reaction. When the epiphora is not induced by an affection of the mind, any inflammation of the conjunctiva will be sure to superinduce a hypersecretion of tears. This inflammation may affect the puncta, and then we should simply have an epiphora due to closing of the mouth of the canal by excitation, also stricture, diseased bone or abscess of the sac or canal leading on to graver conditions.

Case 1. A baby four weeks old. The mother tells me that a slight swelling was noticed in the child's right eye a few days after birth ; a mild eye wash was applied and little or no trouble followed ; the swelling disappeared. On account of the constant watering of the eye the patient was brought to the clinic. Upon careful examination pressing the fingers on the nasal side of the sac, pus escapes through the puncta. As the pus escapes from the top of the canal there is evidently an obstruction at the nasal end of the passage. What is the treatment? Unless the canal is opened and drained freely, destruction of the lining membrane of the passage will take place, leading on to necrosis of the bone and the child will be an object of misery during life. The antiphlogistic method was followed, which was proper and should always be tried first; failing, more radical methods must be carried out. In this case I shall open the canal with a Weber's knife then insert a No. 3 lead style and keep it in the canal until

Fig 1.
Weber's Knife.

the pus has entirely disappeared, then follow this up by inserting a silver canula. Fortunately but few children of this age are afflicted, but when they are brought to our attention this treatment is the best to be followed; as the child grows the canal must be kept open by passing different size probes and reinserting a gold or silver canula.

Case 2. A young woman, who has had lachrymal trouble for at least five years, commencing, as she tells me, by a simple overflow of tears and eventually ending in chronic discharge of pus from the tear sac. This case forcibly illustrates the failure of treatment at the hands of the most able ophthalmic surgeons. For years she had all kinds of treatment, and I must also say the course I have pursued has not been more successful than that of my confreres. A short time ago I inserted two silver canulæ ; one carried off the secretions perfectly, the right did not, showing evidence of some obstruction. I renewed both canulæ from time to time, passed probes and so far as I was able to judge by the sensation of feeling was sure that I had dilated the canal of the nasal fossa. I even went so far as to change the size of the canula, putting in the canula No. 3, which is the largest size. I expected better results than I obtained. To ascertain the cause and possibly to aid me in the treatment, I had Dr. Kassabian take a skiagraph of the patient's face and the photograph which I hand you is the result. I find a deviated septum which has changed the course of the lachrymal canal and the mouth of the style is closed by the tissues of the lateral wall of the nostril. After discovering this I had the tube or canula cut off so that it would only extend to the roof of the nostril. The other canula projects directly into the nostril.

Case 3. Is a very rare instance of congenital absence of the puncta, yet strange to say that until the last year or two the patient did not suffer much from epiphora (watery eye). He is now leading an out door life and

FIG. 2.
Skiagraph of two Canulæ in Lychrymal Ducts.—Occipito—Frontal view showing deviated Septum.

FIG. 3.
Skiagraph Silver Canula. Lateral view.

on windy days finds the hypersecretion of tears exceedingly annoying, so much so that he contemplated giving up his vocation.

In this case I opened up both puncta lachrymalia—the incision was made where the puncta should have been. I found the canals patent, but very narrow. I then passed a Weber's knife through the canal, the sac, and down through the lower canal. It was with difficulty that I was enabled to pass a small lachrymal probe through the canal. By gradually dilating it I managed to pass a full size probe and insert two No. 2 silver canulæ. I had Dr. Kassabian take a side skiagraph (the photograph of which I pass to you gives the exact position of the canula), and from the fact that the tears are carried off as rapidly as they are secreted proves that the operative method adopted has been successful. (Fig. 3).

CASE 4. This little girl, five years of age, has had more or less inflammation of the right lachrymal canal since three months old. Her mother tells me that when an infant, shortly after birth, a swelling was noticed, which, when pressed upon would disappear and the eyeball become covered with

FIG. 4.
Skiagraph of Silver Granula after being buried in canal one year.

pus—evidently the pus escaped from the sac and spread over the eye. About a year ago I opened the canal and inserted a silver canula. The mother did not return with the child to the clinic and in consequence the upper opening of the canal closed and has buried the canula in the lachrymal canal. The tears were carried off through the puncta in the upper eyelid, communica-

ting with the canula which opened into the nostril. I had Dr. Kassabian make a skiagraph and I now show you the photograph. As the canula has been buried in the tissue for over a year (Fig. 4) I shall open the closed canal, take out the canula and insert one of my latest models, which, I think will answer the purpose better, and I will also insist that the child be brought to the clinic to keep the upper passage open.

As regards treatment of epiphora due to constriction of the orifice of the puncta or to conjunctivitis.—First, for the narrowing of the puncta we use a Nettleship steel dilator, which I show you. Mr. Nettleship made an improvement on the old style dilator (which was formerly used and

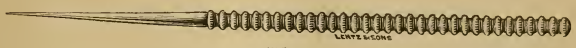


FIG. 5.
Fox Improved Dilator.

accompanied every French instrument box) by making a steel dilator with fluted edges running parallel with the handle; the objection to this instrument is that in trying to insert it into the constricted puncta the instrument will slip through your fingdrs. To overcome this fault I had one made exactly after the Nettleship instrument, but with filed edges after the style of American dental istruments. This gives you a better purchase and can be used in the gentle manner it should, without slipping.

FIG. 6.
Favorite Probes.

A weak solution of Nitrate of Silver (one-half grain to the ounce) is also a very excellent local remedy. Dilating the puncta, having the nasal passages examined, and, if any disease exists, having that attended to, also remedies the epiphora. If a deviated septum is the cause, have it straightened; sometimes errors of refraction, especially of hyperopia, produces excessive lachrymation. These errors should be corrected to insure good results.

The style, as a means of dilating the nasal duct, is a very old method. We take a piece of lead wire, pass it down into the canal, then cut it off and bend over on the cheek. A thin wire is to be followed by a succession of thicker ones until the full diameter of the duct is filled out. After each insertion of a style, the passage should be cleansed on every re-application by tepid injections of boracic solutions or protargol. When the canal has the appearance of being healthy and free from discharge, a silver canula (Fig. 7), such as I show you should be inserted.

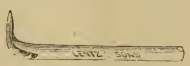


FIG. 7.
Silver Canula Fox Model.

As to the kind of canula, each opthalmic surgeon has his preference. This canula is after an original model used by Nathan.

The Fig. 9 represents a canula devised by the celebrated French surgeon Dupuytren, an excellent one in its day. Since its introduction modifications have been made.

In cases like these I show you the canal should be cut open with a Weber's knife, and this followed by the passage of a good sized probe through the channel and followed by the insertion of a silver tube. The slitting of the canal, passing of the knife downward, is apparently a simple

FIG. 8 AND 9.
Nathan. Dupuytren.—Old Style Canulæ.

operation, but it is not free from danger, false passages are easily made, or the knife may break by becoming wedged in the bony canal. Great care must be exercised, especially when there is necrossed bone, such as is present at times.

As regards treatment in general, mild astringent washes do good in certain cases, as do also dilatation of the puncta or the whole of the canal, and syringing as first suggested by Anel in 1712; but all of these methods count as many failures as cures. The modern treatment, as practiced by the French and German ophthalmic surgeons, consists in the introduction of fine

FIG. 10.
Skiagraph showing Silver Probe in Lachrymal Canal.

probes, which of course, do not dilate to any extent while many of the English surgeons, on the other hand, dilate the canal to its fullest calibre. In this country opthalmologists are divided as to which is preferable. My experience compels me to think that the larger size produces the best results, and I follow it immediately with the introduction of a silver canula

as I have above shown. I show you a skiagraph (Fig. 10) of a case in which the large size probe is inserted.

The details of the operation are carried out as you observe. I stand behind the patient, supporting his head against my body, and as the operation is being performed upon the left eye, I press the thumb of my right hand over the cheek bone and just along the lower edge of the eyelid, which by this action is drawn slightly downward and outward. The bulbous point of the Weber knife is inserted into the punctum and the handle is dropped

FIG. 11.
Stilling Knife.

below the horizontal plane of the eyelid. With the cutting edge of the blade inclined towards the eyeball the knife is pushed towards the nose, and when the point has touched the nasal bone the handle is raised to the vertical position ; the cutting edge is rotated forward and is pushed firmly, yet gently, into the canal, burying the blade well up to the handle. As you notice, I have done this without difficulty and without giving much pain to the patient. I withdraw the knife, and by gentle pressure for a few minutes

FIG. 12.
Gold Canula. Occipito—Frontal View.

stop the bleeding. A silver probe of a large size, which passes well down into the canal is now inserted and is allowed to remain for several minutes, then withdraw it and place a silver canula in permanent position. The tube is allowed to remain in the canal for several days, when it will be removed, cleansed, and returned to its place. This may be repeated at intervals of several days, until the secretions have disappeared and a free open-

ing is obtained,—when a canula is to be worn permanently I always have it made of gold. The present canula is a modification of the Strawbridge device, somewhat further improved by Bickerton and myself.

When we meet with a patient who has had more than one operation performed and cicatricial tissue has formed along the mouth of the sac it would be impossible to use a Weber's knife. We must try to make the opening with a different knife, and for this purpose nothing approaches a Stilling blade, such as I show you.

The method of inserting and passing the knife downward is the same as in other operations. The incision is followed by the insertion of a large-sized probe and canula. A very simple method of proving whether the canal is open is to have the patient shut his lips and close his nostrils with his thumb and finger, and then try to force the air through the lachrymal canula. I am going to ask the patient to do this. You notice that he succeeds. The after treatment consists in simply applying absorbent cotton, saturated with boracic lotion to which a little Vini Opii has been added (about two drachms to a four ounce mixture).

There are several important points to which I must call your attention before we demiss these cases, and that is, first, great care must be observed in keeping the slit from the puncta to the opening into the sac free. This is easily done by running a blunt-pointed probe along this track daily for two or three days, also syringing the canal three times daily with an Anel syringe, taking out the canula, passing a large size probe and reinstating a clean canula.

Criminal Abortion.—Medico-Legally Considered.

By J D. ROBERTS, M. D., Jefferson, N. C.

IN A PRACTICE of twenty-five years this and allied subjects has several times been prominently presented to me, both in private life and before the courts. When I had been in practice but little over a year, I was called upon to give expert testimony before a court in regard to this subject and was much surprised to ascertain the relation of the law to the crimes under consideration. Its legal status and the treatment of the different phases before the courts, has led to a closer investigation of the subject, both as to its present position, and the former practices of the courts.

The study of the subject has been pursued from time to time since my attention was first drawn to it by observation of court practices; conversations with judges, solicitors, and attorneys; correspondence with others of the legal fraternity, and research, and reading on this and kindred questions. The results of these studies are presented here.

An apology is offered for the neglect to give the references and credits for many of the quotations. A large number of notes have been made at odd times and in selecting the material to use some of the data for references have been misplaced.

The physician labors under many difficulties in writing on a medico-legal subject. Accustomed in his studies of medicine to progressive thought —looking for new truths and their application to his special vocation,

the conservatism of the law is perplexing. Neither can claim to be an exact science. The policy of the law is to be governed by precedents; to regard as paramount, established rules; it looks upon innovations with distrust; medicine on the contrary is progressive; looking for advancement; seeking new truths; advancing in knowledge. To fully appreciate this conservatism and its beneficence after years of study devoted to seeking new facts, is no easy task. To write intelligently on a subject so diametrically opposed in its phases without doing violence to one side is impossible. For a layman with no pretension to legal knowledge to adversely criticise the law, is equal to the philosopher reading a disertation on war before Hannabal. Still facts are stubborn things, and a plain presentation of facts is always desirable. The true starting point of scientific investigation is an acknowledgement of human ignorance. All things are not right or true because of current opinion. The law claims that its adherence to precedents —its conservatism, etc., is essential; that its rulings and practices are founded on sound principles and that changes or reversions are always detrimental to society at large. This is almost if not wholly true, and is commendable except when founded on false ideas or unsound basis.

The physician willingly concedes to the legal fraternity the expounding of the law, and asks as a right the interpretation of physiological laws pertaining to the human system, as being his special prerogative. He claims furthermore that in the enacting of statutes on questions within his domain, known and established principles should have due weight and authority. The wrong committed in adhering to precedents founded on untruth largely overbalances the inconvenience of a change.

The statutes of North Carolina recognize the following as crimes in dealing with the pregnant and recently delivered woman, viz:

(1). Infanticide—or the killing of a child after complete delivery is murder.

(2). If in the effort to produce an abortion the mother die, or the child die after complete delivery alive, it is murder.

(3) Concealing the birth of a child is a misdemeanor.

(4). Abortion or procuring an abortion.

(a). Destruction of a child at any time before quickening presumable is a misdemeanor.

(b). Destruction of a child after quickening is a felony.

INFANTICIDE.

The law of inheritance takes cognizance of the child "*in outre sa mere*," from the period of conception, without regard to the physiological phenomena called quickening, as one capable of inheriting. While it protects the rights of the foetus as to property it offers but little protection to life even after quickening and almost none before. I clip from a journal (the name not now remembered), the following paragraph. "The highest court in Germany has decided that human life begins with labor and that its destruction before this time is not murder."

The crime of infanticide is not recognized as a distinct crime in Florida. It comes under the definition of murder at common law and the statute law of Florida has not in any way interfered with the common law definition—"Murder is the killing with malice aforethought a reasonable creature *in being*." (4. Blackstone, 195). Therefore the crime cannot be committed unless the child is fully delivered. Under the definition the chances for the life of the foetus, under circumstances where it is desired to make way with it,

are not even equal to those under the German law, alluded to above, which recognizes the right to live at the beginning of labor. It is therefore doubtful as to whether a conviction could be obtained for destruction of the child after labor at term was established, provided such destruction was fully accomplished before its termination. This is deplorable but nevertheless true. Among the uneducated and unrefined class of our people, where we find the most superstition, and perhaps, too, a lower plain of morals, there is a belief extant, that the child is not a living being unless signs of life are manifested. Its destruction before the first cry, which is looked for as a manifestation of life is not thought much, if anything, of a crime.*

It appears that the common law is directed more to the protection of property than it is to the preservation of the life and well being of individuals. The special question under discussion exemplifies the statement. It can hardly be claimed that the illiterate are well enough versed in the intricacies of the law to know the facts set forth here. It is more probable that it is a traditional belief founded upon the decisions of a time when the right to "life, liberty and the pursuit of happiness" was not regarded as now.

But if one use instruments or drugs before delivery or after complete delivery *alive*, the child dies, the one who so used the instruments or drugs is guilty of murder, if the criminal intent was present. For after complete delivery and signs of life it is "in being" and may ordinarily be accounted a "reasonable creature." To constitute murder not only must the killing be established, but the intent—"malice aforethought"—must be proven. Here then are other difficulties to be surmounted in the protection of the child whose life shall be placed in jeopardy by interested parties desiring its destruction. Since the chief difficulty in securing a conviction of the crime of infanticide lies in the proof of its being born alive, and even then must the criminal intent be established. The claim that it was essential to the life of the mother to destroy the offspring would generally be recognized as legitimate. Happily, in the present advanced state of obstetrical science this is now rarely necessary. There is no arbitrary rule of law as to what constitutes life in the new born infant. Any evidence, either by scientific experience, or from one who saw or heard the living child, or confession by the accused is sufficient. It has been held that finding a new born child, with a cloth tied around its face in such a way that it was sufficient to have caused the death of the child if it had been born alive was not a sufficient circumstance to establish guilt. There was lacking the direct and positive proof that it had lived.

CONCEALMENT OF THE BIRTH OF AN INFANT.

The difficultities in proving the killing of an infant after delivery or of its death from injuries received while in the womb and delivered alive has been recognized by the law. The old English statutes read "that if any

*NOTE—The writer remembers in the first years of his practice being called to an obstetrical case in the back-woods country. Only two old women were present other than the patient, who had her face covered to prevent recognition. She was in the last stage of labor and just as the child was about to be delivered, one of the old women, the grandmother of the patient, leaned over my shoulder and whispered. "Doctor don't let it cry, slip your hand over its month and nose just as it comes out and hold it about a minute so" —and she illustrated her meaning by clasping her own bony fingers over my mouth and nose in such such a manner that I was glad she did not decide to hold them so for "about a minute." A moment afterwards the lusty cries of the youngster dispelled any hopes of concealment as was evidently intended. In the upbraiding I received afterwards, I learned the current opinion among this class or at least part of them on this subject. The child lived, the mother's shame was known, and I lost the handsome fee that had been promised.

woman be delivered of a child which if born alive should by law be a bastard ; and endeavors privately to conceal its death, by burying the child or the like ; the mother so offending shall suffer death as in the case of murder, unless she can prove by one witness at least that the child was actually born dead." Blackstone in commenting on the severity of this law in making concealment almost conclusive evidence of the killing says the courts usually require some presumptive evidence at least of the child's having been born alive.

(*Black. Com.* Book 4, Chap. 14--198).
(*Russel on Crimes*, Sec. 686--687).

The statutes of the State founded upon the common law, recognize the concealment of the death of an infant which under the laws of the State would be a bastard, whether such infant were born alive or not, and make it a misdemeanor the punishment for which is a fine not exceeding five hundred dollars and imprisonment not exceeding one year. (Acts of 1818).

This law has been amended in the Acts of 1883 (The Code, Sec. 1004) making it a misdemeanor to conceal the *birth*, of a child and omitting the clause in regard to bastardy.

"If any woman or other person shall by secretly burying or otherwise disposing of the dead body of a new born child of such woman or any other woman, or endeavor to conceal the birth of such child, such person shall be guilty of a misdemeanor, and punished by fine or imprisonment or both; such imprisonment to be in the county jail or penitentiary at the discretion of the court. *Provided*, That the imprisonment in the penitentiary shall not exceed a term of ten years. *Provided further*, That nothing in this section shall be construed to prevent the mother who may be guilty of the homicide of her child from being prosecuted and punished for the same according to the principles of the common law. And any person aiding, concealing or abetting any woman in concealing the birth of her child, shall be guilty of a misdemeanor." (The Code, Sec. 1004).

The history of the offence treated of in these Acts as given in court, decisions would be interesting. The offence was first made crime in the reign of King James I, of England, in the 17th century, and was first punishable with death of the woman so offending. From time to time changes have been made in the act mitigating the severity of the sentence, and at present both in England and most of the States in our own country, the provisions of the statutes in regard to the offence are similar in construction and design to acts given above.

The courts have generally sustained the statute in their decisions—several features of which have been before them. In North Carolina the statute has been reviewed in the case of State vs. Stewart, 93 N. C. Reports, p. 539, in which an appeal was made on account the vaneness of its terms, and the statutes sustained. In State vs. Morgan, 95 N. C. Reports, p. 641, under an indictment for infanticide, the court held that a former conviction of concealing birth was no plea against the present indictment.

Abortion is the expulsion of the foetus prematurely, or before it is capable of sustaining independent life. This is generally conceded to be at the seventh month of gestation. Legally "causing or procuring abortion" is the full name of the offence, tho' simply the word abortion is sometimes used to designate this. That we may enter into its discussion intelligently, we will examine the legal authorities on the question.

The American and English Encyclopedia of Law says: (and I am informed that this is very high authority), that at common law abortion is not

a crime when done with the mother's consent. But when from the abortion the mother dies it is murder.

It is a crime in North Carolina by virtue of the statute. The Code, Secs. 975 and 976, and are here given :

"Sec. 975. Every person who shall wilfully administer to any woman either pregnant or quick with child, or prescribe for any such woman, or advise or procure any such woman to take any medicine, drug or substance whatever, or shall use or employ any instrument or other means with the intent thereby to destroy said child, unless the same shall have been necessary to preserve the life of such mother, shall be guilty of felony, and imprisoned in the penitentiary for not less than one year, or more than ten years and fined at the discretion of the court."

"Sec. 976. Every person who shall administer to any pregnant woman or prescribe for any such woman, or advise or procure such woman to take any medicine, drug or anything whatsoever, with the intent thereby to procure the miscarriage of any such woman, or to injure or destroy such woman or shall use any instrument or application for any of the above purposes, shall be guilty of a misdemeanor, and imprisoned in the jail or penitentiary, for not less than one year or more than five years and fined at the discretion of the court."

(Passed by General Assembly of 1883).

These two sections seem to have been made identical by the subsequent act of the legislature, defining a felony to be any crime whose penalty is infamous punishment. But there still remain differences. Sec. 975 is directed against the use of any drug or instrument to destroy the child, and applies to women quick with child. Sec. 976 forbids the use of drugs during any stage of pregnancy given to produce a miscarriage or to injure the mother. Sec. 975 does not protect the mother while Sec. 976 does. The maximum penalties for violations is for Sec. 975 ten years in the penitentiary and for 976 five years.

There has been no cases under these two sections reviewed or discussed by our Supreme Court. Before their enactment in 1883 the case of State vs. Slagle (N. C. Reports 82, p. 653, and N. C. Reports 83, p. 630) is reported wherein the defendant was indicted for administering poison, and incidentally this question is discussed, the court holding that the common law is in force in this State, and under the common law, the administering of a drug to procure an abortion is a high misdemeanor. Quoting from a decision rendered in a Pennsylvania case (Mills vs. Commonwealth, 13 Penn. State Rep. 631), Chief Justice Smith in rendering the opinion of the court endorses the following : "It is a flagrant crime at common law to attempt to procure the miscarriage or abortion of the woman, because it interferes with and violates the mysteries of nature in the process by which the race is propagated and continued. It is a crime against nature which obstructs the fountain of life, and therefore it is punished. The next error assigned is that it ought to have been charged in the court that the woman had become quick. But although it has been so held in Massachusetts and in some other States, it is not, I apprehend, the law in Pennsylvania, and never ought to have been the law anywhere. It is not the murder of a living child which constitutes the offence, but the destruction of gestation by wicked means and against nature. The moment the womb is instinct with embryo life and gestation has begun the crime may be perpetrated."

The infant in the mother's womb, not being in rerum natura, is not considered as a person who can be killed within the description of murder,

(Russell on Crimes, Book III, Chap. 5, also Blackstone's Com. Book IV, Chap. 14, Sec. 198).

At common law and under the statutes of most of the States of the Union, a woman is guilty of no crime in procuring an abortion on herself, and is not even an accomplice tho' she solicits the means employed to produce the abortion, she is regarded rather as the victim than the perpetrator of the crime.

By the common law, if, in procuring an abortion, the death of the mother resulted, it was murder. (American and English Enclycopedia of Law, 29). This is so at present in North Carolina. Its being so is entirely logical—for it is an unlawful act—and when one engaged in an unlawful act, does an act producing death of another, it is murder—nothing else appearing. This principle, however, does not explain the common law in this regard for it is to be remembered as before seen that at common law abortion with the mother's consent, is not an unlawful act.

At common law, some authorities hold that abortion was not an offence punishable by law if done with the mother's consent and before quickening, others hold that it is an offence that can be committed at any stage of pregnancy. (American and English Enclycopedia of Law, 2nd Ed. p. 187).

In 1 Arch. Crim. Pr. and Pl., 951, the following language is used: "Abortion as a crime is to be found only in modern treatises and modern statutes. No trace of it is to be found in ancient common law writers. * * * * It is perfectly certain, by the unanimous concurrence of all the authorities, that that offence could not be committed unless the child had quickened."

[TO BE CONCLUDED IN NEXT ISSUE.]

Surgical Methods as Practiced in the Country.

By WILLIAM H. HUDSON, M. D., La Fayette, Ala.

IN SPITE of the increased number of hospitals throughout the country the fact is evident that more and more of the general surgical work will be done in private residences, as the individual practitioner's capacity justifies.

It is well known that many surgical cases require very little after-treatment. In this class of cases, the services of a trained nurse would assuredly be acceptable, but is in no way a necessity. It might be said that in every case the services of a medical man, usually the practitioner in charge, are readily obtained; and are in every way sufficient not only for these cases but for that class of severe surgical cases which need careful watching and attending during that critical period which may last from one or two, to several days after the operation.

What is said here, is not intended to disparage the hospital, but to show that the very highest degree of successful work, in a large majority of cases, can be gotten at the patient's own home.

It is well known that many acute surgical conditions, especially in my country, could not, under any possible circumstances, be safely taken to a

hospital, and these cases, through necessity, must be operated on where we find them.

Again : Many persons—even those in easy circumstances, would prefer —their chances of recovery being as good,—to be operated on at their own homes. Of course, in such cases, the services of trained help should be and ought to be secured. Where the financial ability of the patient does not warrant the securing of trained help the more work falls upon the operator, or the physician in charge ; but this, of course, would in every case, be liberally given and the patient thereby receives every necessary care.

In the following pages I shall endeavor to recount the methods which have been and are now employed by myself, in the practice of surgery throughout a large country district. The word country, perhaps, should not be used, as no inconsiderable part of this work is done in towns—varying in population from a few hundred to several thousand people ; but in each place the conditions are the same, namely : The operation is done In a private house, with such help as the practitioner in charge may have selected before my arrival or afterwards.

With such facts in mind, I have accustomed myself, for several years, to do all the work myself that it is possible for one man to do, frequently finishing a major operation without the wound having been touched by any other person than myself. I also see to the preparation of the room, the sterilization of the water, instruments, dressings, everything, though this is frequently very irksome and and leaves one not in the best condition to operate. But to the present time, I have considered it necessary to follow this course, although very recently I have simplified the process to a very considerable extent.

Allow me, just here to say, that I have been highly gratified at the skill and diagnostic acumen, and the prompt decision shown,—almost without exception—by the practitioners who have called me in consultation in these cases.

It has been my custom, when called to do an operation in the country, to take with me an Arnold Steam Sterilizer, a fish kettle for sterilizing instruments, and a valise which contains extra clothing, an operating suit, for myself and three operating aprons for the assistants.

The Arnold Sterilizer is filled with one or two dozen towels as they come from the laundry, also an apparatus for the subcutaneous injection of normal salt solution. The valise contains, besides the articles mentioned, two pounds of ether, and four five yard packages of plain gauze, two bottles of iodoform gauze, four two or four inch bandages, one quart alcohol, one quart wood alcohol for burning, one roll of rubber adhesive plaster, and three pairs of rubber gloves. In the instrument sterilizer, with the instruments are silver wire, silk worm gut, silk, kangaroo tendon and catgut. The kangaroo tendon and catgut being in tubes, as prepared by Van Horn & Co., New York. This is the most satisfactory way of taking these ligatures, as only one tube is broken at a time, thus avoiding the infection of the ligatures that are not used. I mention manufacturers' name for the reason that I have had experience with articles of their make, and find not only the sterilization perfect, but their methods of preserving, being the best suited for the work here described.

On arrival at the patient's home, in many instances, I find it best that the operation should be done early the next morning. A room is selected, everything in it, including windows, window curtains, shades, the floor, the ceiling, and walls, all are thoroughly cleansed, and the windows allowed to

remain open till the next morning. In winter a fire is kept burning and the room thoroughly warmed. At the same time that preparations are begun in the room—water is being boiled and poured hot into perfectly cleansed pitchers and covered—allowed to cool to be mixed with the boiling water when the operation is done the next morning.

An hour before the time for the operation—next morning, the dressings, towels, instruments and rubber gloves are sterilized by heat. The skin of the patient is also then prepared. This I usually begin about an hour before the operation, though, occasionally, I apply a soap plaster the night before—but never antiseptics. Should the condition demand immediate operation everything can be gotten ready in less than two hours.

Few operations can be comfortably done on the tables found in the ordinary household, they being too low and too wide. It is impracticable to take a suitable table with one. When I consider it necessary, I have some man on the place—and I've never failed to find him—make a table as follows: Two boards—ten or twelve inches wide, each—are nailed together by two or more slats underneath. Legs 36 inches long are securely fastened to these planks. The length of the table to be regulated, somewhat by the length of the patient. If the Trendelenburg position is necessary, two pieces of plank are hinged together by nailing a strip of leather to the plank where the joint is to be made. Until the patient is anæsthetized this hinged plank lies flat upon the table. When the Trendelenburg position is required, the hinged plank is raised and set between two small strips, which have been nailed upon the top of the table. See Fig. 1.

Fig. 1.

It must be borne in mind that the sterilization of articles used in the operation can be perfectly done, for all practical purposes, by such apparatus as I have spoken of above; although the portable steam sterilizer does not produce that high degree of heat which can be produced under increased steam pressure.

A very satisfactory method of sterilizing towels, and gauze sponges, is to place them in the fish kettle in a solution of salt water, six tenths of one per cent. strong, boiled for twenty minutes and use direct from this receptacle when they have been sufficiently cooled. This method, of course does not allow of the operation being done with dry towels and sponges; the latter method being a very convenient one, but not at all essential to perfect success. Indeed, with the gauze sponges and towels wrung out, or pressed in the hands vigorously, they may be pretty thoroughly dried. The fluid from which they are wrung being a salt solution, is non-irritating; frequently, as in the final closing of skin wounds, it is well to wash out the wound with a mild solution of corrosive sublimate.

Were I asked to give my opinion as to the most important step made during the last few years in the development of a perfect asceptic technique, I should unhesitatingly say, the use of rubber gloves, by the surgeon and his assistants. It is really a matter of astonishment, after all that has been said about the difficulty of the sterilization of the skin, especially of the hands, that rubber gloves were not looked upon as a necessity many years

before their necessity was recognized. Cloth gloves, it appears to me, are a disadvantage rather than an advantage, and I do not think they will remain much longer in use.

The security that one feels when operator and assistants have on perfectly sterile gloves, is a great satisfaction; and I am very sure when the surgeon's technique, in other respects is good, he will find that the use of rubber gloves will take him a very long way toward reaching the results which he has set down as well nigh perfect.

There are other articles of rubber which are also of great help; such as rubber covering for gauze drainage, rubber sheets for protection in certain operations about the abdominal cavity, and rubber dam to protect the incised abdominal wall when apendicular, and other abscesses are opened.

Quite recently I have been supplied with a large rubber bag, by the manufacturers of standard rubber gloves. This bag, I believe, was suggested by Dr. Dawbarn, and is known as the rubber dressing bag. For a large number of operations, and for the redressing of cases, this bag is a very great convenience.

At your office, rubber gloves, towels, sponges, ligatures, and the bag are sterilized by heat, and all the sterilized articles are put into the bag, where they remain safe from infection until the patient's house is reached—one mile or fifty miles away. With this bag in use, one is prepared to do the ordinary operations with only a very small vessel for the sterilization of instruments.

I will say a few words in reference to needles, ligatures and the closing of wounds. There can be no doubt that many methods of wound closure will give good results in the hands of efficient surgeons; but the subcuticular use of silver wire, or fine catgut will give the very best results in the largest majority of skin wounds. Silk may, in many cases, be safely buried in wounds; but as a rule I would not advise it, except, perhaps, for the ligation of arteries, as in amputations, etc. Kangaroo tendon and chromocised catgut, from a reliable manufacturer, would certainly always be preferable, but for the difficulty in tying them about large arteries.

For hernia and the closure of abdominal wounds, silver wire and kangaroo tendon used after Halsted mattress-suture method is the best form of ligatures and the best way of using them.

Should silk be used for the closure of the skin, I should advise very much finer silk than has generally been used, and a very fine round, split-eyed needle. I have thought that there is much less danger from stitch abscesses when these fine needles and fine thread have been employed.

During the past few years, operations for appendicitis, hernia—the radical cure and strangulated—ovarian and uterine tumors, operations upon the gall bladder, operations upon the brain, ligation of arteries, amputations, and various other operations of more or less importance and difficulty, have been done in private houses; and in no single case have there been complications of any nature that were attributable to a lack of proper aseptic and antiseptic methods, or to any deficiency of after-treatment.

I have been critical as to results in the healing of wounds, and must say that I have been much gratified—even surprised—at the results which have been obtained.

The hospital is the place, however, where the very best of results ought to be obtained—not only from a surgical but from a scientific stand-point. Here it is that we find the work-house wherein the great work has been done; though the conceptions of such work may occasionally have originated in the minds of the McDowells, or Simses, and others in their country practice.

Tuffier's Method of Intra-Spinal Analgesia.—Report of Case.

By T. P. WHALEY, M. D., Charleston, S. C.

SEPTEMBER 19th, 1900. The patient, a man of about 35, had sustained a compound fracture of the tibia and fibula about eight days previously. The wound had been neglected and gangrene had set in. Symptoms of sepsis appearing I determined to remove the offending limb. Owing to the bruised condition of the tissues on the posterior surface of the knee, a supra-condylar amputation was decided upon. This being an especially tempting case, I determined to give Tuffier's intra-spinal cocain analgesia a trial. The long, fine needle of an aspirating syringe was thrust through skin, superficial and deep fascia and ligaments, downwards and inwards, between the fourth and fifth lumbar vertibrae into the subarachnoid space, when the cephalorachidian fluid was seen to drip rapidly through the needle. This was proof positive that the space had been entered An ordinary hypodermic syringe, previously sterilized, and containing 1 c. c. of a carefully sterilized 2 per cent. solution of cocain hydrochlorate, was attached and the solution slowly injected around the cord. The patient's pulse, prior to the injection of the cocain, was 104. The cocain was injected at 12:59 P. M. At 1 P. M. the pulse had fallen to 100. At 1:04 P. M. the patient complained of headache, which increased until he requested that I permit him to sit up for its relief. He then said his limbs felt peculiar and numb, and then of feeling peculiar all over. He then complained of his stomach and great oppression and grasped the pit of his stomach and chest. The oppression increased until he broke out in a profuse sweat and lay upon the table exhausted and became quiet. At 1:05 P. M. the pulse counted 108. At 1:10 P. M., 104. At this stage the operation was started. A circular incision was made through skin and superficial fascia, the cuff dissected up and a sweep made through the muscles and deep tissues to the bone, the periosteum was dissected back about one inch and the bone sawn through. The larger vessels were caught and tied and the turniquet released. Further hemorrhage was checked and the bone again sawn through higher up. The flaps were united with silk-worm sutures, a drainage tube inserted and the stump dressed. The patient groaned slightly when the deep tissues posteriorly were severed. He moved his leg as requested during the operation and held it up till tired, when he asked that someone support it. While severing the ham-string muscles the pulse reached 128. At 1:15 P. M. the patient was returned to the ward when the pulse was 80, respiration 29 and temperature 98.7. At 1:45 P. M. sensibility to pin pricks returned in the healthy foot.

The remarks I have to make on this case are that the analgesia was complete; that at no time were the symptoms alarming; that recovery was rapid and without sequellae, such as nausea, headache, retching, etc.; that, judging by its action in this one case, it offers a safe, feasible and perfect condition of unconsciousness to pain in the lower half of the body and one destined to become universally used in all operations and pain-producing conditions below the diaphragm.

Since writing the above I have used this method of analgesia for operating upon a traumatic aneurism of the poplitral artery, which took forty-five minutes, and found it equally as efficacious. If anything I was still more satisfied with its behavior. I believe a smaller dosage will give sufficient

analgesic effect and shall reduce the dose when next I make use of it. I shall also give a quarter of a grain of morphine, its physiological antidote, at the same time, thus reducing as much as possible any untoward effect the cocain might have.

Reflected Pain in Appendicitis.

By H. S. LOTT, M. D., Salem, N. C.

PAIN in appendicitis is a most valuable symptom; always present, and one upon which we have, in many cases, largely to depend.

In the absence of any localized mass to be defined through the abdominal wall; determining as to whether the patient has a simple "colic", or a more serious trouble involving the appendix becomes quite difficult; and it is the *reflected pain*, which, in addition to other symptoms, is most valuable as an aid to early diagnosis.

In a number of cases coming under my observation, and in a majority of which the the diagnosis was confirmed by operation, pain was complained of at two points, viz: *Over the region of the appendix*, and in the "pit of the stomach", or *just below the ensiform cartilage*, and often being not marked at the latter point.

Now in order to determine the point of origin of the pain, or *the focus of inflammation*, make firm, gentle pressure, first over the region of the vermiform appendix, and then just below the ensiform cartilage. Do this repeatedly, noting closely, at each pressure, its effect upon the patient, who will forewarn you that there is pain at both points; but, if the case is one of appendicitis, pressure in the "pit of the stomach" or just below the ensiform cartilage *gives no pain*; whereas, pressure over the region of the appendix, or at the focus of inflammation, increases the pain at this point, *and also the reflected pain*, just below the ensiform cartilage.

Notes of the Surgical and Gynecological Clinics in Berlin.

By H. A. ROYSTER, A. B., M. D., Raleigh, N. C.

JUNE 26, 1900, 7:30 A. M. OLSHAUSEN. *Two vaginal hysterectomies*, the first for chronic endometritis with cystic ovaries, the second for cancer of the cervix. Method: Incision anteriorly and posteriorly and ligating in small sections with multiple ligatures of strong catgut. He used a special needle of his own design—one with a handle, two extra curves and a large eye. After removal of the uterus and tubes (the ovaries were left in each case), the two edges of peritoneum were brought together and carefully stitched around the broad ligament stumps, leaving these outside the peritoneal cavity. The wound was dusted with xeroform. In the second case, before extirpating, the growth was removed from the cervix with a knife, the area cauterized with the Pacquelin cautery, and the gap closed by sutures. This case was also complicated by a hematosalpinx on the left side. Both operations were done neatly and with dispacth.

9 A. M. TH. LANDAU. *Total vaginal extirpation for pelvic disease.* Incision around cervix, freeing the anterior and posterior surfaces; uterus split with scissors up to fundus, drawing it down with tenacula. After getting it well down, clamp forceps were applied to the broad ligaments on both sides and each segment of the uterus with its appendages cut away. The right ovary was enlarged, the left ovary was apparently normal, but the tube was kinked and thickened. There was considerable hemorrhage from adhesions at the fundus. It was finally controlled after using a large number of forceps, which were allowed to remain, and after a deal of anxious exertion on the part of the operator. A firm gauze pack completed the operation.

At this clinic, also, I saw most beautiful pathological specimens, pertaining to gynecology, prepared by Dr. Pick, who has charge of this department. Many hundred uteri in their divided state were shown just as they had been removed by the surgeons, Leopold and Theodore Landau. The prettiest specimens were those which were preserved in their natural colors by means of Pick's own method. Among these were some striking examples of tubercular disease of the genital organs, dermoids, ovarian cysts and an interesting one of fibroma and carcinoma in the same uterus.

2 P. M. VON BERGMANN. (University clinic in the amphitheatre). (1.) Man, about 40 years of age, with total paraplegia, a small wound over the right tibia and a ruptured urethra. One of the students was asked to come down and go over the case, which was an accident just brought in. Attempts at catheterization failed, the only result being hemorrhage from the urethra. While engaged in this, (2) another patient, a young man, was wheeled in. He had a bandage around his head and chin; his face was cyanotic; his breath came in gasps; and altogether he appeared to be *in extremis.* The anesthetizer began to give chloroform, but von Bergmann waved him away, grabbed a scalpel and made an incision over the trachea about 3 inches in length. A good deal of hemorrhage ensued, but the operator disregarded it for the time, opened the wind-pipe and put in a large hard rubber tracheotomy tube. The wound was packed with gauze and the patient rolled out again. (3.) Woman, exhibiting a wound of entrance of a pistol ball immediately behind the right ear and a shot embedded in the mastoid process, as shown by an X-ray photograph passed around. Under chloroform the bullet was quickly removed and the patient pushed aside for the assistants (whose names were legion) to dress.

(4) Operation for recurring appendicitis in the interval on a man 30 years old. A rather long incision; appendix ligated around its base and the stump inverted.

JUNE 27, 1900, 10 A. M. SONNENBURG. *Two operations for appendicitis*, both abscess cases.

(1.) Man, 28 years; five-inch incision, nearer to iliac bone than usual in America, coming down to outer side of peritoneum. Cutting through carefully and tying even small vessels with chromic gut as he went (assistant doing nearly all the work), he opened the large abscess gently, swabbed out, picked up the loose gangrenous appendix with forceps, packed with gauze and put on dressings and bandage. No irrigation.

(2.) Young girl of sixteen years, temperature 102½°, respirations rapid and face flushed. She came in with a diagnosis of typhoid fever and had been treated as such for 10 days, until evidences of a large abscess presented themselves. It was located rather higher than is usual for appendiceal abscesses. Operation much the same as the preceding one: a five-inch

incision exposed the abscess within its tense walls. The surgeon introduced an aspirating needle, but the contents would not flow; he then made a small opening with the knife and enlarged it by separating the jaws of a forceps in the incision, evacuating a quantity of pus followed by plastic exudate. The appendix was not found. Another incision was made at right angles to the first, going toward the umbilicus. The plastic peritonitis extended up as far as the liver and stomach. A Mickulicz gauze drain was placed in this area and the primary incision closed with three layers of catgut, leaving the second incision open. The operator expressed a hopeful prognosis.

Just before he left a woman was brought in and an abscess opened in her Douglas' cul-de-sac, giving vent to a pint of foul pus. He had operated a week before for appendicitis and this had formed in the opposite side of the pelvis.

Sonnenburg is a neat operator—careful, certain and not fussy. He is director of the Moabit Hospital and has there one of the few modern operating rooms to be seen in the whole of Berlin. By far the largest share of appendical operations done in the city falls to his lot. Frequently, he said, there are 25 or 30 cases in the hospital at one time.

1 P. M. ORTHMANN. (At his private hospital, formerly MARTIN'S) *Total vaginal extirpation for carcinoma of the cervix uteri.* His original method: Incisions, anterior and posterior as usual; he then sutured the the vaginal wall to the peritoneum with catgut. This was continued all the way up on each side, entering and bringing out the needle on the vaginal surface—mattress suture encircling the broad ligament vessels. As each one was tied (and left long), the uterus was cut away and brought gradually downward until it was finally free. In this way the hemorrhage was controlled, except when the left ovarian vessels were cut: then some bleeding occurred, but was stopped by the introduction of sutures in the same manner higher up. At the end of the operation all the long sutures were cut off except two, one on the anterior and one on the posterior vaginal flap which were then tied, thus bringing together the two peritoneal surfaces and closing the cavity. This operation was cleverly done, but seemed complicated and tedious, and an unnecessary amount of time was spent over the suturing.

A Letter to the Editor.

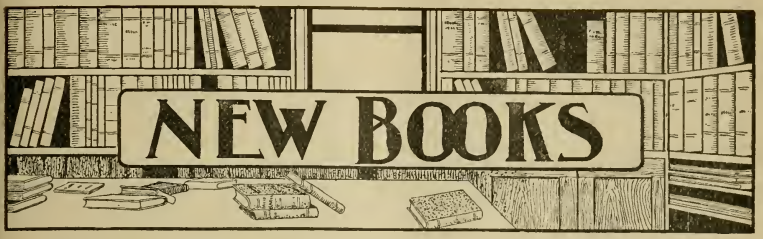
[The following is self-explanatory. We trust Dr. Whitehead will be literally deluged with specimens. Help the doctor; he is doing a much needed work—doing it well too.—ED.]

CHAPEL HILL, N. C., Sept. 30th, 1900.

DEAR DOCTOR :—May I ask you to do me a favor in the columns of the Journal? I am very anxious to secure certain material for study, and do not know any way of getting it except that of appealing to the doctors of the State. First, I should like to receive as many examples as possible of malignant tumors originating in pigmented moles. Second, I want to get a collection of human embryos in the earlier stages—say eight inches or under. There must be a great deal of valuable material of this character wasted every year. I should be very thankful to any physician for specimens of the above sort. They may be sent in alcohol by express, at my expense of course.

Yours sincerely,

R. H. WHITEHEAD.



James Sprunt Historical Monographs. No. 1. The University Press. Chapel Hill, N. C.

North Carolina is notoriously backward in recording the works of her sons. This Journal for several years offered a prize in the State Medical Society for the best history of medicine and surgery in North Carolina, but no paper of any description was ever presented. Several years ago a committee was appointed to compile, at least, the most important works of North Carolina physicians and surgeons, but so far as we know, there has been nothing done. We are glad to note that the generosity of Mr. James Spruut, of Wilmington, who, in spite of the fact that he is the head of one of the most extensive business enterprises in the State, finds time to study and write the history of his State, has enabled the University to begin the periodical publication of monographs designed to elucidate the history of North Carolina. The first number is composed of sketches of the delegates of the Convention of 1861, which, called to inaugurate a life and death struggle, contained more of the leading men of the State than any other representative body every held in its limits. It is the work, while a student, of Mr. John Gilchrist McCormick. It also contains a review of the Legislation of the Convention of 1861, by Dr. Kemp Plummer Battle. This work will be much appreciated by the intelligent people of the State.

Atlas and Epitome of Gynecology.—By Oskar Schaeffer, Privatdocent of Obstetrics and Gynecology in the University of Heidelberg. Authorized Translation from the Revised and Enlarged German Edition. Edited by Richard C. Norris, A. M., M. D., Surgeon in Charge Preston Retreat, Philadelphia, etc., etc. With 207 colored illustrations on 90 plates and 62 illustrations in the text. W. B. Saunders & Co., Philadelphia, Publishers.

This is one of the best of the excellent series of hand atlases published by W. B. Saunders & Co. A prominent surgeon has expressed the opinion that Medical works, particularly on surgery, gynecology, etc., should be more profusely illustrated, believing that the mind assimilates ideas much more readily when aided by apt and profuse illustrations of the text. In the present instance even he must be satisfied—the cuts surpass any thing we know of; in fact it is hardly possible to exaggerate their excellence. Every general practitioner as well as the specialist will appreciate this volume of a series that already abounds in good books.

Practical Urinalysis and Urinary Diagnosis.—A Manual for the Use of Physicians, Surgeons, and Students. By Charles W. Purdy, LL. D., M. D., Queen's University, Fellow of the Royal College of Physicians and Surgeons, Kingston, Canada; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes: Its Causes, Symptoms, and Treatment." Fifth revised and enlarged edition. With numerous illustrations including photo-engravings, colored plates, and tables for estimating total solids

from Specific Gravity, Chlorides, Phosphates, Sulphates, Albumin, Reaction Proteids, Sugar, etc., etc., in Urine. 6x9 inches. Pages xvi—406. Extra cloth, $3 00 net. F. A. Davis Company, publishers, 1914—16 Cherry Street, Philadelphia.

Purdy's work on Urinalysis is so well known as scarcely to need a lengthy mention. Its popularity is sufficiently attested by the fact that the present is the fifth edition. One of the best of the numerous works on this subject, the present edition contains new matter of a nature that will continue its usefulness and popularity. A chapter explaining in a brief but easily understood manner the mechanism and use of the microscope as regards urinalysis is one of the practical and valuable additions. This as well as the previous editions contains an appendix treating upon the subject of urinary examinations for life insurance.

Atlas and Epitome of Diseases Caused by Accidents.—By Dr. Ed. Golebiewski, Berlin. Authorized translation from the German, with Editorial Notes and Additions by Pearce Bailey, M. D., Consulting Neurologist to St. Luke's Hospital and the Orthopedic Hospital, New York, etc., etc. Forty colored plates and 143 illustrations in black. W. B. Saunders & Co., Publishers, Phliadelphia. Pp. 548. In cloth, $4.00.

This is the somewhat novel title of a work of great practical importance. Every physician who is called upon to act as examiner for an accident insurance company or who is liable to be called into court to testify regarding the character and permanency of accidental injuries has felt the need of just such a work, where he can find in a small compass exactly what he wants to know. In these days of frequent suits for personal injury any practicing physician is liable to be called upon to give just such testimony. What may be said to be true of physicians as a whole, is especially applicable to railroad surgeons and others occupying positions of a similar character. These can scarcely afford to be without this volume. There is also much in the work independent of judicial matters that is of great interest to physicians.

Stringtown on the Pike, by John Uri Lloyd is announced by Dodd Meade & Co., to appear in book form this month, price $1.50. It is a study of Northern Kentucky during the war and brings to view conditions that involved the people of that border state during the boyhood of the author. Of it, the talented writer, Judge J. Soule Smith, of Lexington, Ky., writes: "No such vivid landscape painting of Kentmcky seasons and Kentucky scenery is to be found in any other book." The *New York World* states that it "reminds one of the figure in American literature cut by physicians, from Dr. O. W. Holmes to Dr. Weir Mitchell and Dr. W. A. Hammond," and in this same line of thought the *American Journal of Pharmacy*, states that "Our faith in American literature is strengthened by the entrance into it of professional men like Weir Mitchell and John Uri Lloyd.

The Cosmopolitan for September is especially interesting. Olive Schreiner contributed an article on "The African Boer," which will greatly enlighten the average reader in regards to the lives and customs of this people. John Brisben Walker presents a timely paper on "China and the Powers," in which he says:—"If, after the massacre of the Italians in New Orleans, Italy had thrown its fleet into Boston harbor and without warning attacked our forts and landed an army, we should have a case not unlike that which exists in China to-day." Other contributions of fact and fiction make up an attractive number.

Review of Medical and Surgical Progress.

The Abortive Treatment of Bubo.—Christian (*Therap. Gazette*, August, 15, 1900,) deprecates the little attention paid to this method in surgical text-books. One of three plans is usually tried: (1) rest in bed with constant pressure over the gland with a bag of salt; (2) painting a ring of iodine around the gland; (3) massage with compound iodine ointment. For one cause or another these plans are either objectionable or unsuccessful. The most satisfactory results have been obtained by Christian from the following ointment:

℞ Ung. hydrarg.,
Ung. belladonnæ,
Ichthyol,
Lanolin, ää ʒ ij.

"If the bubo be seen early, no heat or redness being present, a piece of surgical lint spread with the ointment is applied directly to the swollen gland; over this is placed a piece of oiled silk of the same size. A large pad of cotton is next applied, and firm continuous pressure is obtained by the application of a wide spica-of-the-groin bandage, two bandages being employed. This treatment is applied every other day until, in cases where it acts successfully, entire resolution of the bubo is accomplished—usually a period of from ten days to two weeks." H. A. R.

Subphrenic Abscess following Appendicitis.—J. F. Baldwin (*Cleveland Journal of Medicine*, August, 1900,) reports two cases of this affection, both ending in recovery after operation. The first presented symptoms two weeks after operation for catarrhal appendicitis. At first there was apparent enlargment of the liver and had it not been for elevation of temperature a diagnosis of malignancy would have been made. In exactly one month and a half from the removal of the appendix, a chronic abscess pointed on the right side at the tip of the twelfth rib. An incision over this gave exit to an enormons amount of pus from a large ragged cavity betwwen the liver and diphragm. Under irrigation and drainage, the cavity closed in about six weeks. In the second case he had removed a gangrenous perforated appendix and the patient had convalesced normally. After she left the hospital, there was almost constant elevation of temperature followed later by a chill, high fever. There was no evidence of the trouble except a little tenderness on pressure below the short rib on the right side. Later the liver was depressed, but no bulging presented itself. An incision below the ribs and parallel to them opened directly on the liver, which was normal, but a pus cavity was found back of the suspensory ligament. Cavity washed out and drained; abscess and wound healed in about two weeks. Baldwin remarks that this condition is comparatively rare, his being the 44th and 45th cases so far recorded. From the cases collected by Madyl, appendicitis seems to have furnished the second largest number. The abscesses may be either extra or intraperitoneal. His two cases were each a type of these varieties. Diagnosis must be based on continuance of symptoms of infection after removal of the appendix, followed by tenderness in region of the liver, depression of its lower border, pain in the right shoulder, and hiccough. It must be differentiated carefully from a plural effusion, and abscess of the liver, if possible. If not recognized and treated surgically the mortality is 95%; under surgical treatment it does not exceed 50% and may be less. Baldwin favors the infracostal incision.

H. A. R.

Transscapular Amputation.—Senn (*Denver Medical Times*, May, 1900,) presents two cases, with interesting pathological features. In the first case, an exarticulation at the shoulder joint and removal of the neck of the scapula was done 12 years before for sarcoma involving the upper part of the humerus, and now there was recurrence of the same growth, histologically and clinically, in the axillary space. He did not deem total extirpation of the upper extremity applicable to this case and thinks the result shows it. The second case was that of an osteosarcoma developing at the seat of fracture of the upper part of the humerus, undoubtedly its starting point being at the point of injury. The tumor involved the shoulder joint, but not the scapula; the patient was very anemic and it was uncertain if he would survive removal of the entire scapula. Operation: first, an anterior incision through the pectoral muscles, exposed the axillary vessels, ligated the axillary artery at the border of the first rib; second, a posterior incision encircling the tumor, and then divided the scapula through the neck, and removed part of the clavicle. Very little blood was lost, and hardly any shock. Patient was present at the meeting two weeks from the time of operation. Senn thinks a distinct line should be drawn between cases in which it is absolutely necessary to remove the entire scapula and a part of the clavicle and those in which we can perform a radical operation by resorting only to transscapular amputation. H. A. R.

The Effect of Some Anesthetics on the Kidneys.—At the recent meeting of the British Medical Association, Dr. D. W. Buxton and Dr. A. G. Levy (*Lancet*, Aug. 25, 1900) read a paper on this subject. These observers had made physiological experiments on animals, and observations on human beings undergoing surgical operations. In dogs they had repeated experiments published by Kemp and Thomson, who found that ether produced shrinkage of kidney volume, accompanied by albuminuria and partial or complete supression of urine. Dr. Buxton and Dr. Levy had only been able to corroborate this in five dogs out of twelve, although the anesthetic was fully pushed, and then only when the administration had been prolonged and the dosage great. They had never observed complete suppression, and such retardation as did occur passed off on cessation of anesthetization. In man they found that during the twenty-four hours following anesthetization the urine was dimished in quantity, but of higher specific gravity. The latter suggested that excretion had not been impaired by the anesthetic, and the former was (at all events largely) due to, for example, purgation, diminution of intake, and occasionally to vomiting. In only 2.7 per cent. of their cases had they found albuminuria after anesthetics unless present before, though albuminuria when already present was not infrequently increased by the anesthetic. They attributed Kemp and Thomson's "ether effects" to excessive use of the drug.—*Medical Age.*

Treatment of Sprained Ankles.—Dr. Edward H. Ochsner (*Medicine*) describes the following method for strapping a sprained ankle, and claims for it uniformly rapid and satisfactory results: The straps of rubber plaster are cut from half to three-quarters of an inch wide, and the proper length. The width depends upon the size of the limb. If a small ankle the straps should be half an inch wide, if a large ankle they may be three-quarters of an inch, but no wider. Upon this and upon the accuracy with which they are applied, depend the success of the method. If the straps are too wide, or if they are applied in a haphazard manner, failure is sure to be the result. The foot is held at slightly less than a right angle and a trifle

everted. The former element in the position is observed because it is easier to walk on a painful ankle if it is held slightly in the calcaneum position, than if held in the equinus position. The latter element is observed because ankle sprains are usually caused by sudden inversion of the foot, thus injuring the external ligaments; hence slightly everting the foot relieves the tension of these ligaments and places them at rest. With the foot in this position, one end of a long strap is applied to the inner surface of the foot near its posterior end, brought under the heel and up on the outer posterior surface of the leg to within a few inches of the knee. At the lower end this falls into the depression just posterior to the external malleolus. A shorter strap is now applied by placing one end to the inner surface of the heel near the sole of the foot, then bringing it around over the tendo Achillis to the outer surface of the foot, making it cross the first strap at a right angle and passing along parallel to the border of the sole of the foot then over the dorsum of the little toe. Another long strap is now applied anterior to the first and overlapping it about one-third of its width; then a short one above the first short strap and overlapping it in the same manner and so on alternately until the outer anterior aspect of the ankle is reached. Over all this a roller bandage is carefully and snugly applied. The patient is directed to lie still with the foot elevated until the warmth of the body has caused the pluster to adhere firmly. In a great majority of instances the patient can walk with reasonable comfort, a few hours after the application of the bandage.

Danger of Vaginal Irrigation.—Theilhaber (*Munich Med. Woch.*, June 12, 1900) recently read a paper with the above title before the Munich Gynecological Society. The writer has come to the following conclusions, after a careful analysis of many accidents following vaginal douching.

1. In sensitive women, too hot or too cold water may lead to shock, chill, nausea, etc.

2. If peritonitis is already present, the douche may cause an aggravation, especially if the intravaginal pressure is raised (which occurs if the ostium is unduly narrow, or if the fluid is injected under too much headway).

3. Very rarely the douching fluid has entered a vein in certain cases of cancer.

4. The majority of accidents, however, have been due to the entrance of the irrigating fluid into the patent os by reason of the engagement of the nozzle of the syringe, etc., in the latter aperture. The olive-shaped end of the cannula prevents the return flow of fluid, the uterus is dilated—as was demonstrated by Beuttner in 1897—and pain, with shock, emesis, etc., is produced.

5. There can hardly be a doubt that the irrigation fluid may at times penetrate the tubes and enter the peritoneal cavity. The state of affairs then becomes the same as that which follows the same accident in connection with intra-uterine douching. It can readily happen that infectious particles are carried up from the vagina or uterus into the peritoneal cavity; especially is this true of gonorrhea.—*Medical Age.*

Treatment of Local Tuberculous Lesions.—Several years ago Dr. Lawrence F. Flick, of Philadelphia, (*Journal of the American Medical Association*) made the important observation that the introduction of europhen into the system by inunction and internal administration exerted a very beneficial alterative effect in tubercular cases. This observation has been confirmed by the author in later publications, and also by Dr. E. O. Otis, of Boston, (*Boston Medical and Surgical Journal*,) F. W. Waugh, (*Charlotte Medical Journal*,) Dr. J. Muir, of New York, (*American Medico-Surgical Bulletin*,)

Dr. J. L. Barton, (*Medical Record*,) and others. Dr. Waugh administered the drug internally in pill form, Dr. Otis in inunctions, and Drs. Muir and and Barton in the form of intratracheal and intrabronchial injections. In view of these clinical facts it does not seem surprising that the topical application of europhen should have become one of the most efficient and desirable means of treating local tuberculous lesions. Among other affections it has been utilized with especially good results in the treatment of fissure and fistula in ano which are of so common occurrence in phthisical persons. The late Professor James T. Whittaker, of Cincinnati, (*Ohio Medical Journal*) was in the habit of treating ulcerations of the rectum of tuberculous origin by the use of europhen suppositories, containing each five grains of the drug, and inserted at bedtime. Dr. Jasinski has also successfully employed it in this class of cases. One of the most striking examples of the curative action of europhen upon local tuberculous processes is furnished by a case reported by Dr. W. H. DeWitt, of Cincinnati, (*Cincinnati Lancet-Clinic.*) The condition was one of extensive tuberculosis verrucosa of the face which had produced extreme disfigurement and had become extremely loathsome to the patient and his surroundings owing to the horrible offensive odor of the discharges from the ulcerative surfaces. Although other remedies had proved entirely useless the local application of a five per cent. solution of europhen in connection with the internal administration of the drug in one grain doses, three times daily, effected a remarkable improvement, the case terminating later in almost complete recovery, with but slight disfigurement considering the extent and severity of the lesions.

Radical Cure of Epithelial Cancer by Arsenic.—Trunecek (*Medical Record*, Vol. 57, No. 22) describes the cure of skin cancer by means of arsenious acid. First is used ℞ Acid. arsenio. pulver., gr. xv; alcohol. ethyl. absol., aq. destillat., ää ʒij. M. S.: For external use. After cleansing and drying the ulcer, the arsenical mixture is spread with a brush over the whole surface of the tumor. Without covering it, it is left to dry, and if at the end of five minutes the patient feels no pain, another layer of the mixture may be spread over the cancer. No dressing is placed upon it. In a day or two the neoplasm will be found covered with an eschar, which is not removed, but treated daily with the preparation of arsenic. Treatment is continued regularly until the eschar is freely movable, non-adherent to the adjacent tissue, and is easily removed or falls off itself.

During the course of the treatment, as the eschar thickens, the amount of arsenic should be increased. Instead of 1:150 solution used in the beginning, 1:100, or even a 1:80, is used, according to this formula: ℞ Acid. arsenio. pulver. gr. xv; alcohol. ethyl. absol., aq. destill., ää ʒj. M. S.: For external use.

The author says that the mechanism of the cure of cancer by the application of hydro-alcoholic mixture of arsenious acid may be explained as follows:

1. The cancer cells are first of all dehydrated by the alcohol, and then their protoplasm coagulates in the presence of arsenic.

2. The cells of cancerous connective tissue (cancerous stroma) degenerate and provoke a serous exudation, which in its turn determins alterations in the cells mummified by the arsenic.

3. In the surrounding healthy tissues a circumscribed inflammation is set up by the remedy, which always goes on to suppuration, and by means of which the neoplasm is first cut off from the circulation, and is finally eleminated from the organism as a foreign body.

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20 cents per 100 for any of these formulae.

Parvules of Calomel, 1-20.

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Med. Prop.—Alterative, Purgative.

DOSE—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain) produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause;and sickness of the stomach does not usually follow.

Parvules of Calomel and Ipecac.

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℞ Calomel, 1-10 gr. Ipecac, 1-10 gr.

Med Prop.—Alterative, Purgative.

DOSE—1 to 2 every hour Two Parvules of Calomel and Ipecac, taken every hour, until five or six doses are administered (which will comprise but a grain of Calomel), produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause: sickness of the stomach does not usually follow.

Parvules of Aloin, 1-10.

[WARNER & CO.]

Med Prop.—A most desirable Cathartic.

The most useful application of this Parvule is in periodic irregularities—Dysmenorrhœa and Amenorrhœa. They should be given in doses of one to two every evening at and about the expected time.

DOSE—4 to 6 at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt and ample cathartic effect, unattended with nausea, and in all respects furnishing the most aperient and cathartic preparation in use. For habitual constipation, they replace when taken in single Parvules the various medicated waters, avoiding the quantity required by the latter as a dose, which fills the stomach and deranges the digestive organs.

Parvules of Podophyllin, 1-40.

[WARNER & CO.]

Med. Prop.—Cathartic Cholagogue.

Two Parvules of Podophyllin, administered three times a day, will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

Parvules of Arsenit: Potash, 1-100.

[WARNER & CO.]

This Parvule will be of great use to Physicians as two Parvules represent the equivalent of one drop of **Fowler's Solution**, so that physicians can regulate the dose by giving one or more Parvules every hour.

Parvules of Corrosive Sublimate, 1-100.

[WARNER & CO.]

Dr. Ringer, in his treatise, lays great stress upon the efficacy of minimum doses of corrosive sublimate in the Treatment of Diarrhœa, whether the stools contain blood or not.

Parvules of Nux Vomica, 1-50.

[WARNER & CO.]

Nux Vomica, according to Ringer, is possessed of real curative powers for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation or no apparent cause. He regards it, administered in small and frequently repeated doses, as useful in many disturbances of the gastric functions.

For sale by all druggists or sent by mail on receipt of price. Physician's private formulæ made up in lots of 3,000 and over. Pills, granules or compressed form. Write for quotations.

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Therapeutic Experiences and Suggestions.

The object of this department is to afford the profession an opportunity to discuss, pro and con, the newer therapeutic agents.

W. A. Ward, M. D., New Edinburg, Ark., says: I have used Aletris Cordial in threatened miscarriage, in several instances with the best results; one case in particular, the lady was of nervous temperament and very easily excited, but by giving Celerina combined with Aletris Cordial for a short time, she passed over it safely. I am of the opinion that any physician prescribing Aletris Cordial, in such cases as is indicated, will not be disappointed in the result.

Sanmetto in Cystitis and Prostatitis—Also in Gravel.—I used a bottle of Sanmetto upon myself. I was suffering with cystitis and prostatitis and received some relief. I think by continuing its use will effect a cure. My age is sixty-five years, not so easily cured as younger persons. We have a man in town by name, J. S. K., who had been suffering with gravel for years and had spent much with physicians. He used Sanmetto, and it would be hard to believe the amount of gravel that passed in a few days; in fact it was disintegrated and passed so rapidly that he was forced to stop the medicine for several days. If desired, he will report the case himself.

Judsonia, Ark. J. Y. DeShong, M. D.

"Vin Mariani" is essentially the brain and nerve tonic of those who have talent and genius. These it is who compose the great army of intellectual workers, and the ravages made upon their nervous systems by the demands made upon them are at times truly appalling. This damage and consequent drain yield to nothing more quickly than to "Vin Mariani." The most noted European physicians, literateurs, musicians, singers, artists and diplomats have sent the most flattering letters to M. Mariani extoling his product. Not only these but crowned heads as well have been mentally invigorated and rejuvenated by "Vin Mariani" and never tire of speaking words in its praise. It must be acknowledged that unsolicited testimonials, couched in such glowing terms, from such sources, are the best evidence possible that can be offered for the merits of the preparation. When "Vin Mariani" becomes as well known in this country as it is in Europe, it will be adopted as one of the indispensible remedies in the household.—*The St. Louis Medical and Surgical Journal*, May, 1899.

The Effect of Codeine.—The *Medical Record* (March 3, 1900) quotes the following from an article by Dr. G. J. Lochboehler in the *Journal A. M. A.* (Dec. 2, 1899): In epidemic bronchitis codeine is a valuable remedy for the relief of the harrassing pain of the cough, and when combined with one of the coal-tar antipyretics the analgesic effects become more pronounced. It is a favorite drug in the cough of phthisis and chronic bronchitis, and its sedative influence is highly satisfactory, clinical data having shown it to be the best succedaneum for opium. Another advantage of codeine over morphine derivatives and one of special value in bronchial affections, is that the patients not only cough less but also expectorate more easily than after taking any of the morphine derivatives. The cough-dispelling power of codeine is such as to make it indispensable in phthisical patients, and a point of great importance in these cases is that it does not impair the appetite or digestion, never produces nausea, and can therefore be used uninterruptedly

for months. For the many bronchial and laryngeal neuroses, the exhibition of codeine in combination with antikamnia (antikamnia and codeine tablets) meets with well merited sanction.

"The Waterbury Metabolized Cod Liver Oil received in good order and I enclose check to cover invoice. I think you will succeed as a meritorious article seldom fails to find a place with the profession. Perhaps after this it may be as well for me to order from my supply house in Chicago as the express will be less." This extract from an Illinois physician's letter, dated Sept. 19th, 1900, speaks volumns for Waterbury. This doctor buys three dozen pints at a time, and is one of the many who watch for good things appearing on the advertising pages of this Journal.

Ulcerative Diphtheritic Stomatitis.—T. J. Biggs, M. D., Stanford, Conn., in *Modern Medical Science*. Harry P——, New York City, age 23; admitted May 1, 1899; diagnosis, diphtheritic stomatitis. Patient came to me through Dr. B——, who said he had been unable to get any result and was anxious that I should try the blood treatment. An examination of the mouth showed the gums swollen, bleeding and separated from the teeth in patches; there was a firmly adherent deposit, gray in color, which here and there had become soft and pulpy; this in places had become detached, leaving irregularly shaped ulcers, with raised margins. The surrounding tissues were œdematous, and this had extended to the inner side of the cheeks, lips and tongue. Patient complained of constant pain, which was aggravated by mastication and deglutition. The mouth was hot, the saliva dribbling away mixed with blood and shreds of pulpy matter. The breath was frightfully foetid. Appetite, digestion and bowels were disordered. There was an enlargement and great tenderness of the sub-maxillary glands. Besides the above symptoms, the patient was also suffering with entero-colitis.

The patient was put to bed and the mouth thoroughly cleaned out with bovinine and hydrozone, and rinsed out with Thiersch solution, and bovinine pure was sprayed in. This was repeated every hour for twelve hours. At the end of that time the hydrozone and bovinine were discontinued, but the Thiersch and bovinine pure were kept up. As diet, the patient was allowed nothing but bovinine and milk, a tablespoonful to a wineglassful, every two hours. May 10th, the mouth had so much improved that the bovinine applications were employed only every three hours. May 23rd, with the exception of two ulcers about the size of a split pea, the mouth was normal. May 29th, these ulcers had entirely healed. June 1st, the patient was discharged cured. Examination of the mouth at this time showed the gums to be firm and in a healthy condition, and mucous membrane had become thoroughly regenerated.

"I have been prescribing Hagee's Cordial Cod Liver Oil Compound for years with very satisfactory results in many diseases where reconstructives and nutritives are indicated, as well as Insipient Phthisis and obscure diseases. On account of its palatability patients will take it in quantities and long enough to secure results."—*G. W. Buchanan, M. D.*, Richmond, Mo.

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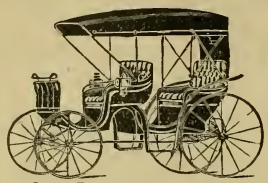

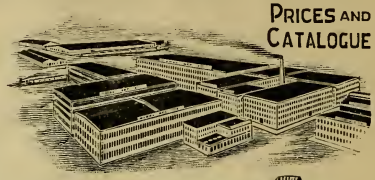

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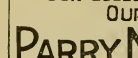

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Arsenic not an Element but a Compound of Phosphorus.—M. F. Fittica, in the *Revue Generale de Chimie* asserts that he has demonstrated that arsenic is not an element, but a compound of phosphorus, probably with nitrogen and oxygen. The *Revue Scientifique* publishes an abstract of his article with remarks from which we quote:

"The fact has been known since the beginning of the century, that phosphorus, subjected to the action of gaseous ammonia, either in the presence of light or in a melted state, changes into a black substance which is usually regarded as an 'allotropic' form of the element. But it was demonstrated by Fluckiger in 1892 that this substance is nothing else than arsenic. To explain its 'apparent' formation, this writer maintained that arsenic is present in phosphorus in a dissolved state, so that in the treatment with ammonia, phosphoretted hydrogen being formed, there is found in the residue arsenic in the form of so-called 'black phosphorus.' This explanation holds good if there is only a small quantity of arsenic produced and if the production takes place only when white phosphorus is used. But if (as I will show presently to be the case) not only white phosphorus, but also amorphous [red] phosphorus is susceptible of change into arsenic, we must admit that the phosphorus is really transformed into arsenic, and that consequently arsenic is not an element, but an oxy-nitrogen compound of phosphorus, corresponding to the formula $P N_2 O$."

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Twenty-Third Year. NOVEMBER, 1900. Vol. 46, No. 5.

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THE CAROLINA

MEDICAL JOURNAL

A Monthly Journal of Medicine and Surgery.

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Editorial.

ACCIDENT INSURANCE COMPANIES AND RAILROAD SURGEONS.

This has been a much discussed question in the various associations of railway surgeons, and one that has never yet been settled satisfactorily to the surgeons. At the present time the insurance companies force the injured party holding one of their policies to complete the proof of his claim for indemnity by having the attending surgeon fill out a blank describing the the nature of the injury, symptoms, local and general and also to express an opinion as to how long the claimant was disabled from attending to his duties. Various other questions are also asked as to the habits and contributing causes of a constitutional or moral character. All this the surgeon is expected to do without remuneration from the insurance company. It is true that the surgeon can charge the claimant a fee for his services, but the great majority of those injured are entirely without money after recovery from their injuries and the surgeon has to choose between doing his work for nothing or delay, or prevent the claimant from recovering his insurance, for after getting his check the latter never returns to pay the surgeon for his trouble. This is not so much from dishonesty as from a deep seated conviction that the insurance company should bear the expenses of protecting itself against fraudulent claims. The policies, however, state that the burden of proof is on the insured to show the nature and extent of his injury and so there is no legal way in which a bill against one of these companies can be collected, while to refuse to fill up the required blank works a great

hardship upon the oft times needy claimant. For this reason all efforts upon the part of the surgeons to compel the companies to pay a fee for this service has proven abortive, hence, the majority of surgeons continue to perform this work without the expectation of any remuneration.

THE CARE OF THE HAIR IN ACUTE ILLNESS.

The baldheaded man has been the subject of jibes and jests for a long period of time, but, however much he may be considered a legitimate object of jocose reward by the public generally, his loss of hair is not infrequently a matter of serious thought to himself and to his medical adviser if he deems it worth while to consult one about a malady that has so notoriously resisted the scientific efforts of the most eminent specialists, whose own hair, not infrequently, it would be no difficult task to number. Such is the assumption of some baldheaded medical men, however, that they do not hesitate to recommend various washes and pomades to their patient while themselves exhibiting occular and undeniable evidences of the utter futility of the remedies prescribed. The care of the hair during and after acute attacks of sickness or after parturition offers a much better prospect of successful results than in the case of the glazed and atrophied scalp of ordinary baldness.

Dr. George T. Jackson, of New York, discusses this subject in a paper of some length before the Medical Society of the State or New York. After admitting that nothing can be done during the illness to prevent the loss of hair, since it falls out because its nutrition is interferred with and not from any local cause, he is emphatic in his opposition to cutting or shaving the hair even after convalesence since it is impossible to say beforehand how much of the hair will fall out, and it is rather unusual for enough to be lost to render "doing up"—in the case of a woman—impractical. Furthermore we can assure the patient that the hair will grow out as luxuriously as before the sickness if they follow directions. These directions are quite simple: the patient is told to brush and comb the hair every day, and not to be deterred from this by the fact that a good deal of hair comes away with each application of the brush and comb, since this is already dead hair that would come out anyway. Once or twice a week a small qnantity of a pomade composed of a drachm of precipitatied sulphur in an ounce of cold cream is gently worked into the scalp. This with an occasional washing is all that is needed and the family physician who is often consulted on this matter, can assure his patient of a complete restoration of her hirsute, always "hedging" his prognosis when the patient's age makes it advisable, "for the older a woman is the less is the probability of this much-to-be-desired outcome."

Dr Jackson also refers in his paper to several questions that are often asked physicians by the public, among whom some very absurd ideas are current. To the query as to how often the hair should be washed, he replies that once in two to four weeks is sufficient as far as the hair itself is concerned; adding, however, that it makes very little difference to the hair whether it is washed at all. Cleanliness, being the sole object for so doing, he opposes frequent or daily sousing of the hair as a too common and pernicious habit. For washing one soap is about as good as another provided it is an article of reliable manufacture. Alter washing a little oil or pomade should be rubbed in to supply the natural oil which has been removed. As a

matter of fact Dr. Jackson claims the apparent increase of baldness was due to the neglect of pomades and similar applications which were formerly so much in use. Cutting the hair has no demonstrable effect except in stimulating the finer hairs to a coarser growth. Of all the foolish means resorted to by the desperate and unfortunate victim of falling hair, he regards singeing as the most ridiculous; it being the revival of an antiquated custom of the middle ages, when it was thought that unless the hair was singed after cutting it bled at the ends. As regards its effect on baldness, he has seen "scores of barber's customers who have gone about like singed cats" for months and without benefit.

FAKE CLINICAL REPORTS.

"One of the most prolific medical writers, so-called, of the age resides in St. Louis, and during the past two years it has frequently been our privilege to decline to publish matter from his pen. During this period he has written a most marvelous assortment of articles, any one and all of which are enough to disgust the intelligent reader, for they are "fearfully and wonderfully made." How they get past the editor of a respectable journal is a mystery. We are making a collection of these papers, which for convenience we are calling the "Hooker Library," and we shall use it as a clincher where manufacturers do not understand why our pages are not open to him. We were anticipated in speaking on this subject by the editor of the *Regular Medical Visitor*, and we can devoutly say amen to every word of his statement of the case; but we would go a step farther; there are others scattered over the country, who will, for a small consideration, favorably report on any preparation; the primary requisite is *the consideration*, whether the product have real merit or not cuts very little figure, as in all probability the material sent for the test never reaches a patient. A most contemptible thing is a man who falsifies in a clinical report; he is a disgrace to the profession to which he unfortunately belongs, but worse by far is he who deliberately makes his whole report from imagination; he perpetrates a wrong on the manufacturer, on the profession and on the public. Experience has proven to us that the manufacturer is almost invariably sincere in his desire for an impartial and thorough test, he expects his product to stand or fall on its merits; he neither purposes nor desires perjured reports, and when he gets them he is buncoed for more than the money he may have paid for a thorough clinical test. It is the province of the medical editor to protect the victims of these fakirs; a little investigation has shown us that the names of the men who are doing this sort of work are well known to the average editor. By uniformly closing our pages to them we may experience some temporary inconvenience (and perhaps fail to secure a few advertising contracts), but the ultimate result will be happy for those most vitally concerned."

The above appeared in a recent issue of that most excellent journal, the *Medical Fortnightly*, and as it voices our sentiment in regard to the matter discussed we produce it full. St. Louis has no monopoly of this class of writers—they exist in our own Southland and on more than one occasion we have refused their "padded statistics" admission to our columns. The class of papers so well described by the *Fortnightly* works injury to the manufacturer, physician and patient, hence the "habitual case-reporter" should be spotted by reputable journals and the products of his imagination refused admission to their pages.

Medical News and Items.

A fatal case of yellow fever is reported at Natchez.

Yellow Fever continues to claim victims in Havana.

The Plague lingers in Glasgow, but has been dislodged in Japan.

Automobile Ambulances are now used by some New York hospitals.

Our Asiatic Islands, the Philippines, are reported to contain 30,000 lepers.

Russia is credited with having the best military medical service in China.

An employee of the Keasby & Mattison Co., chemists, at Ambler, Pa., fell into a vat of boiling magnesium a few days ago.

A malignant type of malarial fever has been for some time prevalent in Venezuela; the death rate in the Oronoco and Amazon is alarmingly high.

Leonard Medical School, Shaw University, Raleigh, has opened with nearly a hundred students and with flattering prospects for the year's work.

Velocity of the X-Rays.—Careful experiment by Monsieur Brunhes, in France, indicate that the X-rays have a definite velocity which is of the same order as the velocity of light.

The Medical Schools of Richmond opened with good numbers at the beginning of the current session, notwithstanding the fact that this is the inauguration of the four-year course.

Yellow Fever and the Plague.—Washington, Nov. 6.—The Marine Hospital Service received official advices to-day confirming press dispatches to the effect that a case of yellow fever existed at Natchez, Miss., and a case of plague at Bremen, Germany.

New York's Fire Record Grows.—In the recent disaster which began in Tarrant's place of business, Messrs. M. J. Breitenbach Co., the American agents of Pepto Mangan (Gude) were burned out, but ere this reaches our readers they will be again in position to fill all orders promptly.

Dr. Wm. N. Berkley, of New York, is now conducting experiments on a man who is in Bellevue Hospital suffering from a severe form of malaria. This man permitted a number of mosquitoes to draw blood from him, and thus contributed his mite to the cause of science. Dr. Berkley has spent considerable time studying the relation of mosquitoes to malaria.

The Governors of the New York Skin and Cancer Hospital, 2nd Avenue, corner 19th street, announce that Dr. L. Duncan Bulkley will give a third series of clinical lectures on diseases of the skin, in the Out-Patient Hall of the hospital, on Wednesday afternoons, commencing November 7th, 1900, at 4:15 o'clock. The course will be free to the medical profession.

According to the *British Medical Journal*, the Sanitary Council of Constantinople has enjoined all persons to wear shoes or other covering for their feet. The reason assigned for this ordinance is that if persons who go bare-

foot happen to have scratches or excoriations on these extremities, they may there become infected with plague, and so transmit the disease.—*Medical Age.*

The brick-work of the "Hunter McGuire Memorial" is well under way, that being the name given the new Annex to the Virginia Hospital, especially designed for the medical and surgical clinics of the University College of Medicine and for its new amphitheatre. When completed, the facilities for ward instruction of the classes of the University College of Medicine will compare favorably with any in the country.

The Prussian Government, says the *Medical Record*, has sent a circular to all practicing physicians in the kingdom, calling for answers to a series of questions bearing upon the etiology of cancer. The principal points are whether cancer is hereditary and contagious, whether it is connected with a particular habit, such as indulgence in alcohol, tobacco, etc., and whether it is more prevalent in one town or province than in another.

Dr. Virginius W. Harrison, formerly Lecturer on Practice of Surgery in the University College of Medicine, has been unanimously elected to the professorship of Materia Medica and Therapeutics in the same school. Dr. Harrison brings to his aid the experience of an extensive general practice, which, added to the practical training consequent upon seven years' service as a member of the teaching staff of this college, must insure his success in the chair to which he has been promoted.

The Mississippi Valley Medical Association had a very profitable and pleasant meeting in Asheville last October. Its next meeting will be held at Put-in-Bay, Ohio, September 10–13, 1901. Officers for 1901: President, A. H. Cordier, Kansas City, Mo.; Vice Presidents, C. F. McGahan, Aiken, S. C., Chas. L. Minor, Asheville, N. C.; Secretary, Henry E. Tuley, Louisville, Ky.; Treasurer, Dudley S. Reynolds, Louisville, Ky., Chairman of Committee of Arrangements, J. C. Culbertson, Cincinnati.

The Jefferson Medical College, Philadelphia, according to the will of the late Dr. J. M. Da Costa, formerly professor of the practice of medicine and of clinical medicine in that institution, has been left the sum of $5,000; $5,000 has been left to the Children's Hospital; $5,000 to the College of Physicians and Surgeons of Philadelphia for the endowment of a publication fund; $5,000 to the Univeresity of Pennsylvania for the professors' retiring fund. His medical library is bequeathed to the College of Physicians, Philadephia.

Details of the defence of the legations in Pekin give a picture of war in its most luxurious form. The besieged defended themselves behind sand-bags made of silk brocade and similar valuable stuffs. Their ammunition was eked out with missiles made of metal from candlesticks and parlor ornaments. One gun was constructed from two cylinders forming part of a fire-extinguisher. Somewhat ancient history was represented by Crimean guns, from the Russian legation, which must have been a distinct menace to the defenders.

The Tri-State Medical Society of Alabama, Georgia and Tennessee met at Chattanooga, October 11, 12 and 13, immediately at the close of the Mississippi Valley Medical Association meeting, and many members visited this society. The new officers are as follows: President, Dr. M. C. McGannon, Nashville; First Vice-President, Dr. W. G. Bogart, Chattanooga; Second Vice-

President, Dr. Seale Harris, Union Springs, Ala.; Third Vice-President, Michael Hoke, Atlanta; Secretary, Dr. Frank Trester Smith, Chattanooga; Treasurer, Dr. Geo. R. West, Chattanooga.

Dr. I. N. Love, editor of the *Medical Mirror*, and one of the most widely known men of medicine, has recently removed to New York City, where inducements in the form of the professorship of Internal Medicine in the Post-Graduate School, and increased opportunities in medical lines, had called him. In Dr Love St. Louis has lost one of her staunchest and most enthusiatic advocates,and while we feel the loss deeply, we must still congratulate the doctor on the field of opportunity which now lies before him; may success attend him in it.—*Exchange.*

According to an exchange, none of the personnel of the seven Red Cross ambulance sent into the haunts of malaria in Italy have contracted the disease owing, it is supposed, to the precautions against mosquitoes. They have had occasion to treat 1,772 patients, including 1,329 with malaria, in their rounds through the Roman Campagna and Tuscan Maremma, where the workmen have been gathering in the harvest. The experiments instituted on three railroad lines have been equally successful in proving that protection against mosquitoes is practically synonymous with immunity against malaria in most cases.—*Medical Age.*

Dr. McDonald, of Adelaide, who has had a wide experience in the East in bubonic plague, claims to have made an important discovery. He states that if the prophylactic against the plague be swallowed, the result is as efficacious in preventing the disease as if it had been hypodermically injected, with this additional advantage, that the fever that follows injection does not ensue after swallowing the preventive. After making several experiments on animals, Dr. McDonald and a colleague swallowed a quantity of the prophylactic, with the result that they put their blood into such a splendid condition that the plague bacillus had no effect on them.—*Medicca l Age.*

Necrology.

The profession of North Carolina was again called upon to give up one of its valued members when Samuel L. Montgomery, M. D., of Concord, answered to the summons of his Maker and laid earth's duties down. Dr. Montgomery was only 46 years of age, just in the prime of life, but he had lived for a purpose and had earned a reputation as citizen and physician of which those whom he left behind may well be proud. His literary education was obtained at Trinity College during Dr. Craven's administration; his medical degree he received at the University of New York. His earlier days in practice were spent in Monroe, N. C., from which place he moved to Concord, (on the death of his first wife), where he spent his days in ministering to the sick and afflicted of the town and surrounding country. His love for his work was intense, and the interest he exhibited in his patients—rich and poor alike—won their love and undying gratitude. He was twice married; his first wife was Miss Cora Winchester, of Monroe, and to them were born three children; his second wife was Miss Lizzie Norris, of Wake covnty, to whom has been born four children. His wife and five children survive him. To them we extend our heartfelt sympathies.

The Carolina Medical Journal.

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Contributions for the Original Department of The Carolina Medical Journal are received with the understanding that they are contributed exclusively to this Journal.

Illustrations necessary to elucidate the text will be provided without expense to authors when suitable ink drawings or photographs are furnished.

Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

Original Communications.

Living Animal Organisms in the Ear.

By FRANCIS R. PACKARD, M. D., Philadelphia, Otologist to the Out Patient Department of the Penna. Hospital; Instructor in Laryngology in the Univ. of Penna., etc. Read at the Meeting of the Medical Society of the State of Pennsylvania, Wilkes-Barre, September 20, 1900.

THE entrance of living animals, almost invariably insects, into the external auditory canal, is a subject of very great importance to all physicians, whether especially engaged in aural work or not. Such accidents are very common during the summer season, and occasionally are followed by very serious results to the patient. In my dispensary service at the Pennsylvania Hospital a large proportion of the patients belong to the lowest class of Russian Jews, Italians, and Negroes, and owing to the filthy conditions in which they live it is not uncommon to remove the bodies of flies, and occasionally their living larvae, from the ears of those who have chronic purulent otitis media, especially when the patient is a child. I have also removed a bedbug from an ear, and another time the body of some form of beetle which I could not identify. By far the most commonly found insect in the ear, however, is the housefly, or some variety of that family.

The odor of the discharge from a suppurating ear seems to attract it and it is drowned in its beverage, like Clarence in his malmsey butt. Occasionally, however, before its death the insect succeeds if oviparous in laying some of its ova in the external auditory canal, or if viviparous in giving birth to some larvae.

Dr. Clarence J. Blake 1. (1 Archiv. of Otol., 1872, II, 37) made a careful study of the maggots in three cases in which he succeeded in removing them from the ear in a living condition. He preserved them alive and

studied their development. In two of the cases the larvae were those of the muscida sarcophaga, in the other of the muscida lucilia. The muscida sarcophaga is viviparous, the eggs being hatched within the body of the mother insect and the larvae able to seek food as soon as they are born. The body of the larvae is made up of a series of rings, constant in number, gradually increasing in size from the front backwards. Four of these rings may be said to constitute a long tapering head, armed with a pair of hard sharp mandibles, projecting forwards and downwards. The larvae of the lucilia has a much more tapering body with a truncated posterior extremity, and on it but two spiracles, instead of the three borne by the sarcophaga. The lucilia is oviparous, the eggs being deposited in a little heap and taking a day or two to hatch. For this reason we do not, as a rule, find so many larvae of lucilia as of the sarcophaga there being always the chance of the eggs being destroyed, or removed from the canal, before they are hatched. It was at one time very generally supposed that living larvae or maggots were seldom, if ever found in ears which had been previously healthy. This view has long since been proven erroneous. They are not, however, found as frequently in healthy ears, as in those which are the seat of suppuration. After a careful search I have found the following observers reporting cases in which they had observed larvae in non-suppurating ears, namely: Guerin 2. (2. Bull Soc. de chir de Paris, 1868, VIII, 444); J. A. Meek 3. (3. Atlanta Med. and Surg. Jour., 1874, XII, 74); A. J. Pedlar 4. (4. Pacific Med. and Surg. Jour., 1878, XXXI, 259); W. E. Baxter 5. (5. Archiv. of Otol., 1891, XX, 11); Stout 6. (6. Phila. Polyclinic, 1894, III, 372); C. W. Richardson 7. (7. Archiv. of Otol. XXIV, 290); and Braislin 8. (8. Archiv. of Otol. 1896, XXV, 51). A. W. Calhoun 9. (9. Atlanta Med. and Surg. Jour., 1873, X, 665) saw a case of this nature while in Prof. Gruber's clinic, and Burnett had observed the same condition. Stoehr 10 (10. Quoted by Gruber from Bayer Intell. Blatt, 1878) removed in one day 58 larvae of sarcophaga carnaria from the external auditory canal of a man seventy-two years old, into whose ear an insect had flown while he was working in a hay field two days previously. The day after his first visit Stoehr removed six more living larvae, in spite of the fact that the ear had been douched with 2 per cent. carbolic acid solution in the interval. J. H. Underhill 11. (11. Cincin. Med. News, 1877, X, 815) removed a number of larvae from an otherwise healthy ear. W. J. Pilley 12. (12. Lancet, 1881, I, 67) removed 3 larvae of the common blow fly from the healthy ear of a young woman in Queensland. As regards the number of larvae which may be found in the ear there is a wide range. Although generally there are not more than 2 or 3, yet cases in which the number was very much greater have been reported, as in Stoehr's case in which a total of 64 was removed. Gruber 13. (13. Diseases of the Ear, p. 325) also refers to a case reported by Scheibenzuber, from which he removed 40 larvae, and mentions a case of his own from which he removed 32. F. H. Hamilton 14. (14 Buffalo Med. Jour., 1851, VI, 10) removed more than 21 maggots from a case. Dr. C. M. Dolph 15. (15. Indiana, Med. Jour. 1892, 3, X, 114) removed the largest number I find on record as having been taken from a single case. He took 74 from the ear of a man suffering from chronic suppurative otitis media. Other cases which have been observed of living maggots in the ear are reported by S. Lockwood 16. (16. The Planet, 1883, II, 115); W. F. Wilson 17. (17. Medical Record, 1885, XXVIII, 257); R. Barclay, 18. (18. Medico-Surgical Bulletin, 1896, IX, 284); McLean and Duncan 19. (19. Canada Med. and Surg. Jour., 1883, 84, XII, 271); G. G. Munson 20. (20. Albany Med. Annals, 1881, II, 113); J. Fisher, 21. (21.

Wien. Med. Halle, 1863, IV, 362); D. Webster 22. (22. Medical Record, 1876, XI, 252), and Bethune 23. (23. Boston Med. and Surg. Jour., 1856-7, LV, 350). Of insects other than flies or their larvae that have been removed alive from the ear I have collected the following instances: Von Troltsch 24. (24. Archiv. of Ohreuh., IX, Bd., S. 193, quoted by Gruber) found in a boy's ear a number of live birdmites, dermanyssus avium. Theobald 25. (25. Boston Med. and Surg. Jour., 1874, XCI, 296) removed a live cockroach from the ear. There have been two cases in which live specimens of the oxyuris vermicularis have been removed from the ear. One is reported by Yearsley 26. (26. Med. Times and Gaz., 1860, I, 28) occurring in a child with otorrhoea. The worm was 5 or 6 inches in length. The other case was that of S. W. Reynolds 27. (27. Lancet, 1880, II, 653) whose patient was a pregnant woman who, after several days persistent vomiting, ejected a number of worms not only by the mouth, but also through both ears. Politzer 28. (28. Diseases of the Ear, p. 225) refers to the case reported by Rohrer, who removed a living butterfly from the external auditory canal, and also to Truckenbrod's case, in which he removed a living cockroach from the inner half of the osseus meatus. Dr. F. B. Sayre 29. (29. Phila. Med. Museum, 1806, II, 31) under the caption, "Worms in the Ear," detailed the removal of several wormlike organisms from the ear of a man who suffered from chronic suppurative otitis media. They were, however, probably the larvae of some insect. Dr. James Mitchell 30. (30. Medical News, 1891, LIX, 599) likewise reports a case of worms in the auditory meatus. He describes them as small white worms with black heads, occurring in a case of chronic suppurative otitis media. They also were probably larvae. J. A. Hardy 31. (31. Austral. Med. Jour., 1881) reports a case in which both ears were the seat of a chronic suppurative process. He says the ears became infected with "insects," some of which passed into the mouth through the Eustachian tubes. Very curiously throughout his article he makes no definite statement as to what kind of insects the parasites were. Of insects which have died after making their way into the ear and have been removed subsequent to their death there are many instances. E. Armitage 32. (32. Lancet, 1895, II, 913) removed a cochchafer from the ear. F. C. Hotz, 33. (33. Archiv. of Otol. III, 89) records an interesting case of a man whose ear had been entered by a mosquito on the evening previous to his visit to the doctor. The patient had poured water into his ear immediately after the insect flew in. This had caused the mosquito to stop buzzing, but the ear had been painful all night. Dr. Hotz removed the dead body of the mosquito and found on the anterior portion of the membrana tympani a small red blood-blister, from which he evacuated by incision a quantity of sero-sanguinolent fluid. R. E. Scholefield 34. (34. Lancet, 1893, II. 929) removed a cholesteatomatious mass from the external auditory canal of a boy 10 years old and found imbedded in it a small bug, the cernix lectuarius. Politzer removed at one sitting from an ear a mass of cerumen containing a fly, a bug and a beetle. Many cases are reported of the removal of bodies of insects after entrance. Harlan 35. (35. Trs. Path. Soc., 1871, III, 151) removed the remains of a large beetle from an ear 13 years after it got in. It had been killed just after entering the ear by the use of oil. The ear after its removal was found to be perfectly normal. W. W. Seely 36. (36. Cincin. Lancet and Clinic, 1879, III, 482) reports the case of a doctor aged 62, from whose ear he removed the body of a bug impacted in a mass of cerumen. The patient distinctly remembered an insect having entered his ear when a boy of seven. He had noticed no subsequent trouble with his ear until several years before

his visit to Dr. Seely, when he began to experience a sense of weight and fullness in it, probably due to the gradually increasing amount of cerumen. F. C. Holtz 37. (37. Northwestern Med. Jour., XVIII, 83) removed the body of a bug from a patient's external auditory canal nearly two years after the insect had entered it. C. H. Lovewell 38. (38. Phila. Med Jour., May 26, 1900) removed the body of a bee from the ear 28 years after it got in. It was surrounded by cerumen. For four days after its entrance the patient had suffered much pain, but had none after that up to the present time, when he had a ringing in his ears for two or three days. The duration of life of any insect or larva within the ear must be extremely brief. Their breathing pores soon become clogged up if the ear is suppurating, and death occurs in many instances before they have a chance to inflict any serious damage upon the delicate structure of the membrana tympani of the middle ear. Dr. B. F. Church 39. (39. Laryngoscope, August, 1900) reports a case of remarkable longevity on the part of a tick, which he removed alive from a man's ear two years after its entrance. He found it lying behind a mass of cerumen in a little sort of sulcus close to the membrani tympani. It had done no further injury than to produce a slight erosion of the drum in its immediate neighborhood. As before mentioned the entrance of an insect into the external auditory meatus may be devoid of serious results, but, on the other hand, in most instances such an event should be regarded as of serious import. It is always very alarming to the patient, and failure to secure its removal may be a just cause of reproach to the physician. Saint Laurent 40. (40. Gaz. d. hop., 1860, XXXIII, 489) reports a case of a child who had been in perfect health, but was attacked by vomiting and convulsions, followed by hemiplegia. A number of larvae were found in its ear, and after their removal it entirely recovered. F. L. Parker 41. (41. Trs. So. Car. Med. Soc., 1887, XXXI, 112) had a patient who for six months had suffered with severe earache, hemicrania and orbital neuralgia, with reflex cough. On examination the dead body of a flea was found in contact with the membrana tympani, and after its removal the patient had no further trouble.

As to the best thing to be done for the relief of the symptoms caused by the presence of a living animal in the ear, the first indication is undoubtedly to secure its removal, or, failing in that, its death. In some instances merely holding a light in front of the external auditory meatus has served to attract the insect and cause it to make its way out, but by all odds the quickest, and consequently the best, way to produce relief is to flood the external auditory with warm water or oil. If a syringe is not available a teaspoon will answer the purpose if the patient will incline his head so as to allow the fluid to run in. C. H. Burnett recommends the use of chloroform through the external auditory meatus. Dr. Blake 42. (42. Boston Med. and Surg. Jour., 1862, LXVI, 214) removed the maggots from a suppurating ear by holding a sponge saturated with ether at the external auditory meatus. This caused all the maggots to wriggle out from the cavity. A mixture of tannic acid and glycerine was recommended by R. P. Thomas 43. (43. Trs. Coll. of Phys., 1860, III, 345) to effect the death and removal of the larvae of a fly from the ear. His rather odd explanation of the usefulness of this particular mixture was that the tannic acid would irritate the larvae and make them squirm towards the external auditory meatus, whence they could be readily extracted with forceps, while the glycerine would occlude the breathing pores and produce the death of any that failed to get out of the canal in this way. Routh 44. (44. Dublin Med. Press 1849, XXI, 369) removed a

number of maggots from a case of chronic suppurative otitis media, by the injection of milk. As a rule, however; any animal within the ear may be killed and its remains removed by proper syringing with a rather strong solution of carbolic acid in warm water. Whatever method is adopted the physician should be able to absolutely assure himself that he has left no insect, dead or alive, within the ear when he has finished his treatment. Sometimes examination with the speculum has failed to reveal the presence of anything abnormal within the ear, and yet subsequent events have proven this supposition wrong. Politzer mentions a case occurring to Drs. Pollak and Hrubesch in which examination failed to detect anything in the external auditory canal or on the membrana tympani, and yet syringing removed a small spider. Also a case of his own in which the patient attributed a sensation of irritation and pain in his ear to the entrance of an insect. After careful search with the speculum nothing was found, but on syringing the ear a small gray bug was washed out. Of course in those cases where the animal is dead and the removal of its body the object of treatment, the difficulty is not so great. Removal is accomplished by the means ordinarily employed for the removal of foreign bodies from the ear—syringing, forceps, or the various extractors devised for that purpose.

Some Recent Surgical Cases.

By R. L. PAYNE, M. D., Norfolk, Va.

CASE I.—AMPUTATION OF THE CERVIX AND COLPO-PERINEORRHAPLY.—Mrs. H., æt. 38, unipara, presented herself at my office with following history: She had always suffered with dysmenorrhoea and had married late in life. Pregnancy occurred and the labor being exceedingly tedious was terminated with forceps. Since her confinement her health has steadily declined until now she is a perfect wreck of her former self. She suffers with dragging sensations in the lower abdomen so that she cannot stand on her feet; with profuse leucorrhoea and her womb protrudes from her vulva. On examination I found the body of the uterus in the second degree of prolapse the vaginal cervix hypertrophied to a length of about three inches, is protruding from the vulva and is lacerated bilaterally nearly an inch and a half. In addition the perineum is lacerated through the sphincter and for a distance of an inch up the recto-vaginal septum. She was sent to St. Vincent's Hospital and after due preparation the following operation was done. The cervix was amputated near the vaginal vault by a V shaped incision closed with three silk worm gut sutures on each side and a cervical plug introduced to prevent adhesion of the raw surfaces in the cervical canal. A perineorrhaphy was now done, the denudation being extended in a broad strip up the posterior wall of the vagina nearly to the cul de sac. The recto-vaginal septum was closed with fine silk sutures tied in the bowel and the rest of the wound with silk worm gut sutures. The patient was kept in bed one month. The external sutures and such as could be readily gotten at in the vagina were removed on the twelfth day, while those high up in the vaginal wall and in the cervix were not disturbed till the end of

the third week. The result seems perfect and the woman formerly a complete invalid is now able to attend to all the duties of a housewife with ease and comfort. The interesting points in this case are the unusual extent of the hypertrophy of the vaginal cervix, the deep bilateral laceration and the perfect relief following operation.

CASE 2.—AMPUTATION AT THE SHOULDER JOINT.—Patient discharged cured in eight days.

G. B., æt. 20, male, came under my care at St. Vincent's Hospital for traumatic gangrene of the right arm. The gangrenous process had extended to the insertion of the deltoid on the outer aspect of the arm while on the under side it extended well into the lower border of the axilla. Amputation was done by transfixion, the knife being entered at the posterior axillary fold and a broad flap made up of the deltoid was made, the bone disarticulated and the knife brought out almost flush with the body, the gangrenous tissues not permitting the formation of any flap. The large outer flap was turned down and stitched to the chest wall. The wound healed by first intention and the patient was discharged cured on the eighth day.

CASE 3.—HYSTEROPEXY.—Mrs. T. W., æt. 32, came to me from North Carolina for treatment. Ten years ago she was confined with her first and only child and at that time was very ill, being confined to her bed for six months. Since this time her health has been always poor and for the past six months she has been a confirmed invalid. She is very anaemic; suffers all sorts of digestive troubles; is obstinately constipated and suffers all the time with a sense of weight and dragging in the pelvis. Menstruation is irregular, scant and painful. Physical examination reveals nothing as to the appendages but the uterus is prolapsed, in the second degree, retroverted and firmly bound down by adhesions. This patient was so run down that I was afraid to operate until after several weeks in hospital her general condition was somewhat improved and her secretions gotten in good condition. To this end rest in bed half of every day was enjoined; cold sponge baths and enemata of normal salt solution were administered twice daily and peptomanganate of iron and forced feeding were directed. As soon as her condition would permit the operation of hysteropexy was done. After the usual preparation for laparotomy the abdomen was opened in the median line. Two fingers were introduced, the appendages sought for and examined but were found normal except for the very small size of the ovaries. The hand was now introduced and all adhesions broken up until the uterus could be easily brought forward into a position of anteversion. Stitches of silk were now inserted through the parietal peritoneum and the posterior surface of the uterus at the fundus and the uterus fixed at the lower angle of the abdominal incision. The abdominal wound was now closed, the peritoneum with running suture of fine silk and the rest of the wound with interrupted sutures of silk worm gut, care being taken to include the fasciae in each stitch. The convalescence was rapid, the temperature at no time exceeding 99°. A fact noteworthy in the convalescence is that after the failure of all the usual remedies to effect the anaemia the patient rapidly gained flesh and color after beginning to take Armour's red bone marrow.

CASE 4.—DOUBLE ORPHORECTOMY.—Mrs. C., æt. 33, nulliparous, patient at St. Vincent's Hospital, gave the following history: She was very anaemic and hysterical; the disgestion was thoroughly disordered; the menses irregular, scant and very painful; there was more or less constant pain in the pelvic region and there was also present a free leucorrhoeal discharge and a very distressing pruritus vulva. Examination reveals both

ovaries very much enlarged and tender to the touch. After explaining to her all the possibilities of the case the patient was clamorous for an operation and after due preparation a coeliotomy was done. The operation proved an easy one. As soon as the peritoneum was opened two fingers were introduced and the ovaries readily hooked up into the wound and removed. They were much larger than walnuts and very hard, having apparently undergone a sort of fibroid degeneration. The convalescence was interrupted for a few days by superficial suppuration at the lower angle of the wound due to a slight infection. The relief of distressing symptoms has been very marked and satisfactory.

CASE 5.—Appendical Abscess Drained Through Median Line. —Mrs. M., æt. 32, after eating heartily at supper was seized in the night with frequent vomiting and violent cramps in the bowels. I was called to see her at 6 A. M. and found her suffering intensely with diffused abdominal pains for which I ordered morphia hypodermically and epsom salts by mouth in drachm doses to be repeated hourly until free purgation ensued. At the afternoon visit she was suffering less, the bowels had been freely moved but the tendency was to localized pain in the hypogastric and right inguinal regions and there was slight temperature, 100°. A diagnosis of probable appendicitis was made; ice bag applied locally; morphia as needed was ordered for pain and bowels to be moved daily with epsom salts. At this juncture I was called out of the city and did not see patient again for five days. On my return I found my patient had gone from bad to worse. A large tumor could be mapped out in the abdomen, projecting beyond the median line to the left and reaching well into the right inguinal region, though the abdomen was tympanitic around the tumor on all sides. The patient was running a pus temperature. She was at once sent into hospital and after hurried preparation the following operation was done: The incision was made in the median line. On opening the peritoneum the omentum was found adherent over the whole front of the tumor and was with difficulty separated and drawn back. The abscess was walled in by adhesions between the coils of the small intestine above and to the left and on the right side by the caecum and ascending colon. Iodoform gauze packing was carefully placed so as to avoid, if posible, all infection of he peritoneum and wound surface and the abscess evacuated. It contained nearly a quart of pus and dipping down under the caecum was undoubtedly of appendical origin. A large gauze drain was introduced and only two sutures placed in the upper angle of the wound. An abundant gauze dressing was applied and the patient put to bed with slight hope for her recovery. On the following morning the temperature, which was 103° the evening before, was practically normal. The abscess drained very freely for several days requiring frequent changing of the dressings. The gauze packing was removed under chloroform on the third day and the abscess cavity found well walled off by adhesions around the wound. From this time on the progress of the case was tedious but uneventful until at the end of nearly eight weeks she was discharged completely cured.

CASE 6.—Osteo-Myelitis of the Tibia.—J. A. T., male, æt. 3, was brought to me from North Carolina with the following history: About a year before he had been siezed with high fever and seemed in great pain. After a day or two of great suffering the pain was located in the left leg. The limb became very much swollen and was very sensitive to the touch but without discoloration. The attending physician made the diagnosis of "white swelling," and treated the child by hot applications and anodynes to

relieve pain. The limb was now much larger than the sound one, the bone was much thickened and there were three sinuses leading down to the bone. One of these was about the tubercle of the tibia and two others about one inch apart were seen near the middle third of the bone. A diagnosis of osteomyelitis was made and after a few days preparation the following operation was done. The parts being shaved and disinfected an incision was made from the tubercle of the tibia to within an inch of the ankle joint dividing the soft parts to the bone. The periosteum was now pushed aside and with mallet and chisel the spine of the tibia was cut away throughout the length of the incision. A sequestrum six inches in length was removed and the whole medulary canal curetted with a sharp spoon removing quantities of fungous granulation material. The head of the tibia was hollowed out with the curette till only a thin shell of bone remained. All bleeding was now arrested and the large wound packed with iodoform gauze. The packing was removed in 48 hours and the wound dressed daily thereafter. The progress of the case was very satisfactory, the child returning to his home in three weeks and at the end of two months his physician reported him entirely recovered with a perfectly strong and useful limb.

CASE 7.—Abdominal Hysterectomy.—Miss A. E., æt. 30, nullipara, the victim of old pelvic inflammation, came to me for treatment complaining her life was a burden and she was thoroughly desperate. A year before an abdominal section had been done by another physician and one ovary removed but because of terrible adhesions the operation was abandoned at this stage and the abdomen closed. Since this operation she has been an invalid suffering so much at the time of her periods that she is confined absolutely to bed for a week, taking large doses of morphia, and in the interval she is unable to sit up but a few hours at a time.

Careful examination shows all the pelvic organs buried in a mass of adhesions and as a last resort operation was advised. The patient was so so run down that she was kept in hospital ten days while efforts were made to build her up. Saline enemata were ordered twice daily; free draughts of water were insisted on at regular intervals; forced feeding and tonics were directed. Sponge baths and massage were given twice daily and every effort made to get the secretions in normal condition. Ten days after admission to the hospital and after the usual preparation of the abdomen a coeliotomy was done. The pelvic organs were found one mass of adhesions, the whole being covered in by a dense veil like adhesion, completely shutting off the contents of the pelvis from the general peritoneum. At first I feared the completion of the operation would be impossible but at length I was able to work a finger in behind the uterus and gradually established a line of cleavage. The adhesions having at length been broken up a complete hystero-salpingo-oerphorectomy was done, tying off the ovarian and uterine arteries as first advised by Stimson, and stitching the vesical peritoneum entirely over the raw surface so as to render the site of operation completely extra-peritoneal. The convalescence of this patient was very satisfactory, the only complication being a stitch-hole abscess. In cases like this success is so largely dependent on careful preparation before operarion that too much stress cannot be laid upon it. The health of this patient is rapidly improving and I have recently heard of her marriage. *Post tenebras lux.*

CASE 8.—Vaginal Hysterectomy.—Mrs. I. B. W., multiparæ, æt. 42, was sent to me from North Carolina with a diagnosis of cancer of the uterus. There was a history of repeated hemorrhages with ill-smelling watery discharges per vaginam, stabbing pelvic pains and progressive

cachexia. She had been curetted a few days before leaving home and her physician told me he removed a considerable amount of sloughing material. On examination the uterus was found much enlarged and indurated but movable and the cervix was somewhat dilated but neither ulcerated or indurated. The uterine sound passed to the depth of 4½ inches. The appendages were apparently normal. The diagnosis of cancer of the body of the uterus was concurred in and preparation made for operation. A dose of calomel was administered. Carbolized vaginal douches were ordered every fourth hour with rest in bed and daily sponge baths and massage. A generous diet with the exception of milk and vegetables was allowed. After several days the final preparation was given. Twenty-four hours prior to operation the diet was restricted to liquids. The vulva and mons were shaved and thoroughly cleansed and disinfected. The vagina was kept packed with sterile gauze wrung out of 1 to 10000 bichloride solution, the packing being renewed every 8 hours. A purgative was administered on the day previous and on the morning of the operation a high enema was administered and followed by repeated low enemas till the water returned clear. After the anaesthetization the gauze packing was removed and the vulva and vagina once more thoroughly cleansed. The cervix was now curetted with a sharp spoon, the uterus packed with iodoform gauze and the external os closed with two stout silk sutures the ends of which were left long to aid in making traction on the uterus. The vaginal vault was now opened behind and in front with scissors and the bladder carefully separated from the uterus with the fingers and closed scissors. The intestines were packed back with a strip of gauze pushed up in the cul de sac and after applying clamps to secure the uterine arteries the uterus was cut away and further drawn down. Two fingers were now carried up posterially and the appendages on the left side brought down, the left broad ligament clamped and the uterus cut entirely free on the left side. The fundus was now retroverted and caught with a vulsellum, the right broad ligament clamped and the remaining attachments of the uterus and appendages severed. A strip of iodoform gauze was now packed up between the stumps of the broad ligaments, rolls of the same packed between the handles of clamps and the vaginal wall on either side, the vagina filled lightly with gauze and the patient put to bed. In forty-eight hours the clamps were removed. The patient suffered some pain until the clamps were removed and ran slight temperature for the first few days but this soon subsided and the convalescence was only interrupted by an attack of acute indigestion.

The clamp operation in vaginal hysterectomy commends itself to me because of its comparative safety; the ease and rapidity of its execution and the rapid convalescence of the patient. In the ligature operation it is often several weeks before the ligatures come away and doctor and patient frequently lose patience in fruitless endeavors to hasten the process.

Case 9.—Abdominal Hysterectomy for Large Fibroid Tumor.—I. R., colored, æt. 42, multiparæ, was sent to me from North Carolina for operation. The patient was much run down and anæmic. She suffered from frequent and severe hemorrhages and complained of great pain and sense of weight in the pelvic region. Examination revealed the presence of a large tumor in the ablomen reaching nearly to the umbilicus. By vagina it was found the tumor involves the whose uterine body, the sile of the cervix being marked by a dimple in the tumor where the os is located and the tumor is fixed pretty firmly in the pelvis. The diagnosis was uterine fibroid and after two days preparation operation was done. The operation was hurried

because the menstruation was expected in three days and it was thought best to avoid the exhaustion of another such period. The usual incision in the belly was made from the umbilicus to pubis, great care being taken to avoid the bladder which was drawn well up on the surface of the tumor. The patient was placed in the Trendelenburg posture, but all efforts to deliver the tumor through the abdominal wound were fruitless. The right ovarian artery was now tied off near the pelvic wall, a clamp applied near the uterus and the broad ligament divided to the round ligament which was in turn tied and divided. The same steps were taken on the left side but with great difficulty owing to the large size of the tumor and the fact that on the left the development was intra-ligamentous. An effort was once more made to deliver the tumor through the abdominal incision, but in vain. The right rectus muscle was now divided at its insertion and with considerable effort the tumor was brought out of the incision. The incision was now carried across the uterus just above the bladder and this organ carefully stripped off from the uterus with the finger and closed scissors. The left uterine artery was tied and the tumor cut across till the right uterine artery was reached, tied and divided, when the whole mass was detached. The remaining stump was now trimmed up, duplicate ligatures applied to the arteries, the cervical stump closed by three sutures, the peritoneum stitched together over the whole wound in the pelvis and the abdominal wound closed. The patient left the operating table with a pulse of 96 and now, two weeks after operation, is apparently well.

Criminal Abortion.—Medico-Legally Considered.

By J. D. ROBERTS, M. D., Jefferson, N. C.

[CONTINUED FROM LAST MONTH.]

The primary significance of the word quick is "to make alive" and the generally accepted meaning of the words "quick" and "quickening" is the period of gestation when the motions of the foetus become perceptible. Bonvier in his Legal Definitions says, "It was supposed that either the child was not alive until the time of quickening or that it had acquired some new kind of existence that it did not enjoy before; hence the presumption of the law that dates the life of the child from that time." * * "Formerly the law did not interfere to prevent a woman pregnant *but not quick*, from being executed." A distinction is now further made recognizing life from the beginning of conception thus—"Quick with child is having conceived—with quick child is where the child is quickened."

From decisions in other States it appears that the two words are almost synonymous and would mean the condition of the mother at any time, *i. e.* any time after conception, and before delivery. This distinction is not endorsed by one of the New Jersey courts, the justice in rendering his decision uses this language: "There is no foundation whatever in law for this. The ancient authorities show clearly that the terms are synonymous both importing that the child had quickened in the mother's womb, and that the period had arrived when the life of the infant in contemplation of the law had commenced. (State vs. Cooper, N. J. Law, 57).

Public opinion is a potent factor in shaping legislation and in administering the laws, and crimes against the newly born infant and the foetus yet in its mother's womb are viewed with much leniency by the masses and as might be expected there is, too, an increase in their commitment. Whether this state is brought about because of the law in its decisions and statutes leading to the depravity of the people, or whether public opinion has shaped legislation as we find it here, is a question we might ask. Both are now hand in hand, in keeping alive a pernicious doctrine fraught with evil of great magnitude that has spread and will continue to spread ruin wherever promulgated.

Whatever may be public opinion or the legal aspect of this question to the medical profession there is but one belief, and that is, that from the moment of conception the foetus is alive, and its destruction should be considered murder. The question as to the presence of a soul at the time of birth, at quickening, or when conception takes place, is an abstract one, and so long as it is discussed as such without interfering with the normal progress of the embryo no harm will be done. The injury to the State, to society, to morals and to individuals already accomplished by applying the pernicious doctrines advanced in its discussion to practice has been incalculable. An analysis of the doctrine on which our laws are founded, and its origin will take us back beyond the dark ages. We have already seen them coming from the old English Common law of several centuries ago.

Society of the present day is adverse to bearing and rearing children, and any device that will allow its abridgement without interfering with the passions is seized and utilized; and the parents of illegitimate children, prompted by the anxiety of the situation with disgrace and ostracism before them, are prone to seek any path out of the difficulty, regardless of law and morals. To such of both classes this doctrine, that destruction of the conception before quickening may be accomplished with impunity, comes like an oasis in a desert. That means are often found for accomplishing their ends is a sad commentary on the education and morals of our times. Speak with as much authority as we may, urge as we have done for ages past as a profession, frown upon the practice, condemn it as iniquitous, censure the perpetrators as criminals, murderers, remonstrate with them with all our force, still the erroneous teachings of ancient times outweigh all that we can say, and the God-given edict from Sinai's mount "*thou shalt not kill*" is disregarded. Disregarded because the people of a corrupt and profligate time harkened to the seductive teachings of their philosophers, that have been handed down from generation to generation till the present.

Our law makers seem to have adopted the views of the Sophists that all things are true because it is current opinion, and have not acknowledged human ignorance, which should be the true starting point of scientific investigation. In the consideration of this subject a careful investigation of this idea of "quickening," with an earnest intention of arriving at the truth, without accepting it as such because it had been so recognized for centuries, will give us far different results from the current opinion of the day. To the medical profession properly belongs the prosecution of these investigations and the presentation of correct views of the subject, to the end that the public may be better educated on a vital point to the State and society. While we have ever recognized the erroneous teachings of bygone ages, have we not been derelict in a duty in that our opinions have not been disseminated so as to instruct those about us?

Plato in his discussion of an ideal state would grant to its citizens an

indiscriminate cohabitation of the sexes among the different classes or castes after certain ages (30 to 55 years in the male, and 20 to 40 years in the female) during which ages the offspring is for the state, they be allowed to cohabit with whomsoever they please, "after we have enjoined them to be careful, first if a child be conceived, *not to bring it to the light*, but if by accident, it should be brought forth, so to expose it as if there were no provision for it." (Plato's Republic, Book V.)

Aristotle, himself, the son of a physician and probably descended from a long line of medical ancestors back to Æsculapius, under the head of matrimony, in his discussion of political economy, urges as a check to population "that nothing imperfect or maimed shall be brought up. * * * But if parents have more children than prescribed, before life and sensation begins an abortion must be brought about, for what is right, and contrary to right in such a case is determined by sensation and life." (Aristotle's Politics, Book VII, Chapter 16). Evidently he would procure the abortion before sensation and life begins, meaning thereby the period of quickening, because if his belief that to do so is right, while to bring about the abortion after quickening is contrary to right.

That the practice of procuring abortion, especially among the well to do or higher classes of society, was in vogue soon after the beginning of the Christian Era, Juvenal gives ample testimony. In his sixth satire he attacks the Emperor Domitian (T. Flavus), who while he sets himself the task of improving the laws, at the same time is guilty of incest, and "Julia, his niece, was relieving her fruitful womb of so many abortives, and gave birth to shapeless masses, the image of her uncle," and we are told finally died from the use of abortives. In the same satire he says: "Some women even take delight in unwarlike eunuchs, and soft kisses and the loss of all hope of beard, that precludes the necessity of abortives." Again he complains of the want of births among the rich, and lays the blame on those that practice abortion. "Rarely does a guilded bed contain a woman lying in; so potent are the arts and drugs of her that can insure barrenness, *and for bribes kill men yet unborn.*"

Ovid, Seneca, Cicero and other ancient writers notice it and the virtuous Pliny apologizes for it, so common had it grown at Rome, in these words, "the great fertility of some women may require such a license."

Through the middle ages it was practiced by the Mohammedans, Chinese, Japanese, and Hindoos, and is to some extent common with them now.

To the credit of the Christian religion be it said that it has ever raised its voice against the crime, and in the penitential discipline of the church abortion was placed in the same category as infanticide, and the stern sentence to which the guilty person was subject, imprinted on the minds of Christians more deeply than any other exhortations, a sense of the enormity of the crime.

In an age when the laws of conception were not properly understood and the unquickened embryo was considered, as but an excresence on the woman there may be an excuse for the views held on the subject of ridding herself of it. In an age of enlightenment, with better views, there is no excuse, and it is a disgrace that civilized people will allow the erroneous teachings of a profligate and vicious time to influence them in perpetuating crime that has time and again been demonstrated as such. Exactly when the word quick was introduced in this connection or by whom suggested I have not been able to ascertain. The idea of its being admissible to procure

abortion before that time was certainly used by Aristotle. It is more than probable that the common law was founded on these doctrines and that our present statutes and practice in our courts originates in the English common law is evident. There is no reason why this doctrine promulgated to ease the consciences of a corrupt society should be countenanced, contrary to all physiological laws and social and moral figures.

Judging from the Supreme Court decisions in our own State on the crime under discussion, we would say they were not prevalent, and I have been told by different judges and solicitors that with the exception of the crime of concealing the birth of the child they were rare indeed. On this we have several decisions but on the present law (enacted 1883) we have none.

Unfortunately we cannot judge of the frequency of the crime from its appearance in the courts, especially as we have such palpable evidence of its existence elsewhere. In a certain proportion of cases the first object, the idea prompting to the commission of the crime is secrecy, *i. e.*, to hide a sin already committed and not generally known, to prevent impending disgrace and its commission is so conducted as to prevent detection unless an untoward result happens. Thus its detection is exceedingly difficult, and even when detected proof of its actual commission is hard to procure. The causes of abortion, too, are many and varied, and to attribute an expulsion of the foetus from the womb before term, to some one of these causes would be an easy matter where actual proof of direct interference is wanting.

That all cases of abortion are not those begotten out of wedlock is also a well recognized fact. " 'Tis true, 'tis pity; and pity 'tis 'tis true."

The cruelty and inhumanity of the act when resorted to in order to hide the sin against chastity, is odious enough, but how despicable it appears when a woman in the marital relations is so lost to all sense of the heaven planted love vouchsafed to every mother's heart, as to consent, yea, even urge that the child towards whom her best affection ought to go, should be destroyed. From various causes, with all manner of reasons and excuses given we are approached to relieve married women of the product of conception and to suggest or apply remedies to prevent it. She would for her own convenience disregard the 6th Commandment, overlook the duties she owes her offspring, and heedlessly rush into a social and moral sin. Though she would lay no hands on it, yet she would submit to its destruction or by her neglect of proper precautions guiltily suffer it to die, and thereby do violence to the command of God who has said "thou shalt do no murder."

That virtue should be sustained and vice condemned, all will agree, and while the fear of detection and consequent social degredation into which the culprit is cast on its discovery cannot be considered as the first or principal reason for chastity on the part of woman, still this fear has its influence in promoting virture and if by any means the discovery is prevented, such prevention culminates in a social evil in the spreading of vice incidentally. Herein, then, we have an evil that would sap the very foundations of our social structure, invade the family hearthstone, compromise the secrecy of the marital relations, and place a premium on the purity of woman by placing within her reach facilities for aiding the first sin.

The crime blunts the morals,degrades the principles of religion, corrupts honor, wrecks homes, defeats the laws of propagation and destroys all that is noble and pure in life.

Viewed from the physician's standard, than whom none are so well qualified to judge, foeticide is nothing less than *murder*. Murder, not in the

heat of passion, not with extenuating circumstances but murder of an inoffensive being. Murder, too, when the offender acts deliberately, places the victim on mental trial, is the principal witness for the prosecution, then acts as prosecuting attorney, before himself as a jury, renders the verdict—guilty—himself pronounces sentence of death from the judge's bench, arrays himself as executioner, and proceeds to take the life of his victim without giving him a chance of a hearing or an opportunity for making a defense.

The very helplessness of the being should appeal to the sympathies of those contemplating such a step. Its innocence of all wrong and its right to an existence should move the heart of an ancherite, but no, lost to all sense of honor, the mother, who should be its best friend, becomes, if not the actual murderer, a moral *particeps criminis* to the killing of her own child. And in all this the strong arm of the law, that should lend its aid to the protection of the weak against the oppressed, virtually renders no assistance, and while public opinion may not applaud the act, it is, from a false sentimentality, treated with a degree of leniency that is appalling. *O, Tempora! O, mores!*"

That the physician should ever be solicited to countenance or lend his aid to such a nefarious practice is to be deplored, and that the medical profession should have among its numbers a man so debased, so lost to all sense of honor, so degraded and fallen from his high estate, as, by complying with such a solicitation, to thus tarnish his own name, stigmatize his profession, sully the reputation of an honorable calling and bring reproach upon his professional brethren, is a blot upon the fair escutcheon of a noble calling. Words are hardly adequate to express the contempt in which the man should be held, who becomes so despicable, so infamous, so grovelling and abject, as to, for a few paltry dollars, give his aid and professional knowledge to the spread of this evil.

The love of offspring is a divine benediction implanted in the breast of a parent, and even the dumb brutes have it to such an extent as to sacrifice life, if need be, in order to render the necessary protection to their young. That a woman should so far disregard this divine gift as to deliberately plan the destruction of her unborn child, or even by neglect suffer it to die, when she might prevent it, I cannot believe comes from viciousness, but rather that it is from ignorance of the physiolgical law of life from the period of conception that produces this moral degeneracy. That, too it is not all ignorance is shown from a sense of shame accompanying any solicitation for aid in procuring the abortion and the argument with which the act is bolstered up whether it is ignorance or depravity at the root of the evil there is a crying need of a change. To root out the erroneous teachings of centuries is no easy task but this is one that should have our best endeavours and every means within our power should be utilized that the masses may be educated in correct views of the physiological law of conception;when this is accomplished, there will be more probability of enacting statutory laws against the crime of foeticide that will have the sanction of public opinon, and the enforcement of which will help to stay the wholesale slaughter of innocents.

The best means of imparting information on the subject of educating our people, is a study worthy of serious consideration. That the medical fraternity must take the initiative in it is evident. As allies in promulgating truth the pulpit and press are potent factors. On account of the delicacy of the subject it is rarely alluded to by either of these. Even with the command "Thou shalt not kill," for a text I do not remember to have heard this vice

condemmed from the pulpit but once, tho' more murders are annually committed in this way than all others combined.

That much more might be written I know, that what I have said is not perfect I fully realize. What I have written has been with an earnest desire that good may be accomplished.

Strong Urethral Injections During the Acute Stage of Gonorrhœa.

By P. C. HUTTON, M. D., Acting Assistant Surgeon, U. S. Army; U. S. A. Hospital Ship "Relief," Taku China.

MORE to find out the ideas of other members of the profession than to relate any knowledge or experience of my own, these words are written.

During my student days, lecturers at colleges and clinics were accustomed to devote great time to the condemnation of strong urethral injections during acute stages of gonorrhœa. It was invariably contended that the urine must first be rendered alkaline, nonirritating and aseptic, etc., etc., by soda, salol, cubebs, oil of gaultheria, oil of sandal-wood, etc., and injections not commenced until the subsidence of acute symptoms, and as a result it was sometimes a week, more often ten days and occasionally two weeks before active treatment began. With these views fastened indelibly in my mind I started in to practice medicine and for nearly two years was faithful to this routine.

In August, 1898, while in the campaign in Porto Rico, it occurred to me that it might be well to try a more active and energetic method than I had hitherto employed, and having an abundance of material started in by giving strong injections so soon as a soldier reported with gonorrhœa. The treatment began abruptly by giving a solution of zinc sulphate and potassium permanganate at the first indications of discharge or so soon thereafter as practicable. The patient was instructed in the use of the penal syringe and told to use the instrument morning, noon, supper and bedtime. At first, fearful lest some complication should arise, I had these patients report to me morning and evening, but to my satisfaction they complained of no incommodity beyond a slight burning sensation when the solution came in contact with the urethra. After treating a few cases by both methods, observing each and taking notes and subsequently by reference to register of sick, it was not difficult to conclude the most rapid and apparently, the most satisfactory of the two means. This active treatment was continued, giving at the same time, occasionally, such a drug as salol or soda, but never departing from the custom to start right off with the strong urethral injection. This, as I say, was in Porto Rico in August, 1898, at which time venereal disease confronted us in great abundance, and during my ten months stay in that country and one year's stay in the Philippines, there has never been a time when every command was free from gonorrhœa, but I have yet to see the first complication or annoying symptom result from this treatment. Unfortunately, I have no definite, compiled record of cases thus treated, inasmuch as the records of each military organization remain with that organization while a surgeon may find himself serving with different troops each month and entirely cut off from his former records. As near as I can figure, I have

treated in this way one hunderd and eighty cases, but as this is not enough upon which to base definite conclusions, it will be interesting to hear from the profession at large what years of experience has taught them on this matter. No doubt the same routine is employed by many, for I have had quite a few army surgeons to tell me that they, also, had employed this treatment, but I have yet to find the man who has aired his views in medical literature advocating the employment of strong urethral injection in gonorrhœa during the acute stage.

It has been my custom to begin the treatment by injecting 5 grs. of the zinc salt and ½ gr. of the potash salt to the ounce of distilled water, at whatever stage of the disease the patient reported, and thus far there have been no complications, no unpleasant symptoms, no sequelæ nor failures which I can report.

Theoretically, the disease being of a local character, should be met by local means. Ordinarily it is acknowledged that the treatment of any acute local inflammation must be local in character and the few cases of gonorrhœa which I have treated have led me to believe that this is no exception to the rule, but let me say that it is not my purpose to place my small experience, both in years and practice, upon a par with those who are of wider scope and greater experience, but I shall be interested to hear from older members of the profession and to know if the above mentioned method is employed by those who know more of disease than one can claim whose experience has been so limited as my own. It goes without saying that I should not adopt this treatment should orchitis or epididymitis exist, but should it not exist prior to the treatment, there is little reason to think that it will exist subsequently, and until I find some prominent reason why this treatment should be abandoned, I shall continue it.

Resection of Left Half of Inferior Maxilla, Followed by Reformation of Bone.

By GEO. P. REID, M. D., Old Fort, N. C.

RESECTION of one-half of the inferior maxilla is indeed a bloody operation, and one which leaves the patient in a truly deplorable condition. The portion of the bone which is left *in situ*, having nothing to brace and thus hold it in its normal position, will most probably be drawn toward the opposite side of patient's face and somewhat backward, producing considerable deformity. One-half of the teeth of the lower jaw having been sacrificed together with the resected bone, and the other half having been thrown out of line of their fellows in corresponding half of upper jaw, renders mastication a burden to the patient. This condition is deplorable, and especially so in the young. It is, therefore, the surgeon's duty to be as conservative in this region as is consistent with thoroughness and safety.

The operator should bear in mind, too, that in doing this operation the periosteum should be spared in its entirety if possible, for nature sometimes reforms the osseous tissue minus the teeth.

Let me cite a case illustrating beautifully nature's ability to reform bone. Patient, child, age about 6 years, female, white race. General health has always been good, and remained good in spite of local trouble. No his-

tory of tuberculosis in the family; both parents living and in good health. I was called to see the patient about five months prior to the operation, and found her suffering with "tooth and jaw-ache." On inspection of the teeth the second bicuspid on left side in lower jaw was found to be decayed, leaving a considerable cavity. The corresponding portion of the jaw was very much swollen and very sore, and seemed to be in a putrescent condition; the temperature was elevated to near 103° F. Patient was somewhat delirious, and I decided that it was a case of septic infection having gained entrance into the system through the decayed tooth.

The abscess in the gums surrounding the decayed tooth was deeply incised, and discharged foetid pus freely. About one dram of liquid Viskolein was injected with hypodermic into the abscess, and the father advised to take her to a dentist as soon as the inflammation subsided, and have the decayed tooth extracted. This he did in the course of a few weeks. The dentist found the decayed tooth and the first molar loose, and lifted them out of the jaw with but little effort; and he found some loose spicules of bone. A closer inspection revealed necrosis of the entire half of lower jaw.

This case was operated on by Dr. F. T. Meriwether, of Asheville, N. C., on December 19, 1899, under chloroform anaesthesia, and reacted from operation and anaesthetic without a bad symptom. The teeth having been extracted, the gums were incised and opened freely to the bone. The periosteum was carefully dissected loose from the dead bone and left in its entirety *in situ*, except that portion covering the condyle. The body of the bone having been laid bare, was severed near the middle by means of a bone forceps and the left half removed. The operation was done *per os*, and did not require more than thirty minutes to do it. A brace was devised and applied externally to hold the remaining half of jaw in its normal position. To Jos. G. Reid, D. D. S., of Marion, N. C, belongs the honor of this valuable assistance.

The little patient never had a bad symptom after the operation. She was fed on a liquid diet for two or three weeks until the gums healed and a fistula in left side of face which was present at time of operation had closed. The mouth and periosteum were washed out with plain boiled water, and afterwards with peroxide of hydrogen three times a day until the gums had healed and until the sinus closed after which this was discontinued.

To our great joy I found about a month after the operation that nature was reforming the lost bone. It was becoming hard and of the shape of the original bone. The angle and coronoid process are perfect in contour, the condyle alone being wanting. And now (nine months after operation) there is a perfect bone reformed, except condyle, and almost no deformity. Her general condition is excellent.

The Mystery of Radium.—The substance called radium emits radiations resembling the X-rays without the application of work or energy from external sources, and without appreciable loss of weight. This seems to be inconsistent with the law of the conservation of energy, but the mystery is explained by the calculations of Monsieur Becquerel, which show that a loss of weight so infinitesimal that in a thousand million years it would amount to no more than a milligram would suffice to accouut for the observed effects. According to this explanation the emanations from radium consist of material particles. But how infinitely minute must those particles be!

Review of Medical and Surgical Progress.

*Further Observations on the Clinical Application of the Suprarenal Capsule—Author's Abstract.

By W. H. BATES, M. D., New York.

The aqueous extract of the suprarenal capsule is the most powerful astringen themostatic and heart tonic known. It lessens conjestion of the eye and other organs. The extract is not irritating or poisonous, and unlike other powerful drugs, is never contra-indicated. We have no remedy which is so useful in all forms of inflammation.

PREPARATIONS.—The author of the paper showed a solution of the suprarenal extract prepared by Armour & Co., Chicago, Ill., from the fresh gland and sterilized. It is satisfactory.

For internal administration the dried and pulverized gland is recommended. Five grains are chewed, mixed with the saliva and swallowed in a few moments without water. In this way the extract is absorbed by the blood at once and the effect will be apparent in less than five minutes or not at all. The powder should not be swallowed in a capsule, pill or tablet because the juices of the stomach may interfere with the action of the suprarenal. For local use a solution is prepared by mixing one part of the powdered suprarenal with ten parts of water. Let the mixture stand a minute and filter. The filtrate is ready for use. When properly prepared the suprarenal solution when instilled into a healthy eye should whiten the conjunctiva in less than one minute. For local use in the nose, throat or urethra it may not be necessary to filter the emulsion in water. Preservatives interfere with the action of the extract. Do not mix other substances with the suprarenal. Even sodic chloride lessens its activity. The best results are obtained with freshly prepared solutions.

EYE DISEASES.—The extract has been used in all forms of inflammation of the eyes without harm. For acute conjunctivitis the extract has been employed successfully as follows: The conjunctiva is whitened by repeated instillations of the extract, the discharge removed with the aid of an antiseptic wash and the eyelashes cleansed thoroughly. The patient's hands and face are bathed with bichloride solution 1-5000 and precautions taken against reinfection from towels, pillows or from other infected persons. I cured many cases in one treatment with the aid of suprarenal, cases which had previously resisted treatment with antiseptics for two weeks or longer.

Besides its local use the suprarenal has been administered internally with benefit in inflammations of the conjunctiva, cornea, iris, choroid and retina. The results are uncertain. Intraocular hemorrhage has been controlled by the suprarenal in some cases when administered internally.

EAR DISEASES.—The extract is useful in deafnesss from dry catarrh or from a purulent inflammation. I have not met a case of deafness during the

*Read before the Mississippi Valley Medical Association, Oct. 11, 1900, at Asheville, N. C.

past six years which was not temporarily improved by suprarenal within half an hour. One case was unable to hear one of the Hartmann series of tuning forks either by air or by bone conduction. He could not hear loud conversation, the sound of a bell or any noise which I produced. Tinnitus was severe. Suprarenal in a few minutes made the patient hear all the tuning forks both by air and by bone conduction and conversation at one foot from either ear. The tinnitus stopped completely to the evident relief of the patient.

The method of administration is important:

1. The freshly prepared solution is syringed through the punctum of the lower lid, down the nasal duct and allowed to flow over the orifice of the eustachian tube. This procedure is repeated a number of times or until the hearing is no longer improved at one sitting.

2. The solution is applied to the inferior and middle turbinated bodies until the nasal chambers are widely opened.

3. The membrana tympani is punctured and a few drops of a freshly prepared sterilized solution are syringed into the tympanum with a proper syringe. This method which would seem the best is seldom beneficial to the hearing.

4. Less often the internal administration improves the hearing and lessens the tinnitus.

The suprarenal improves the hearing of chronic deafness but temporarily. Permanent results are obtained by the use of other treatment after the extract has benefited.

Nose and Throat.—We have no single remedy so useful in diseases of the nose and throat. Acute rhinitis is often cured by one treatment in which the extract is applied locally until the nose is completely opened. This may require half an hour. Bloodless operations are now performed which formerly were accompanied with troublesome hemorrhage. Secondary hemorrhage occurs less frequently. Anesthesia is obtained quicker with less amount of cocaine and is prolonged. Less reaction after operations follows the use of suprarenal and healing is promoted. Shock is usually prevented because the use of the extract in the nose is accompanied with a strong stimulation of the heart. The suprarenal extract is not an objectionable hemostatic. To obtain the best results it is necessary to use a freshly prepared solution. It must be applied to the whole field of operation and to do this I use a bent probe wound with cotton wet with the suprarenal solution. In severe epistaxis with the blood flowing from the nose in a stream it is necessary to use a *syringe* to force the suprarenal solution against the blood to reach the bleeding surface. The extract will control hemorrhage in "bleeders". Recently the internal administration of the suprarenal powder gr. v. every two hours has controlled nasal hemorrhage in hemophilia. It is an uncertain method.

All forms of tonsillitis are temporarily benefited. In tubercular laryngitis, the dysphagia is relieved by the local use of the extract.

Hay Fever.—Its local use is always beneficial. We have no remedy which can compare with the suprarenal in the treatment of hay fever.

Oedema of the Glottis.—Six cases are now on record in which life was apparently saved by the local use of the suprarenal.

Heart Disease.—The suprarenal gr. v. chewed is followed by improvement within five minutes or not at all. The remedy is indicated in weak heart from all causes. Because the extract stimulates the heart muscle explains why it is beneficial in stenosis as well as in insufficiency of

the heart valves. The normal pulse of organic heart disease is not affected by the suprarenal. The extract stimulates the heart after other remedies failed. It has no bad after effects. Seventy-five cases of organic heart disease have been treated with benefit.

Inflammations of the bronchi, lungs, thyroid, kidneys, uterus and urethra have improved after the use of suprarenal.

Some Notes on the Use of Mercurol—A New Remedy in Urethritis.—By Ramon Guiteras, M. D., Professor of Genito-Urinary Surgery in the Post-Graduate Medical College of New York. Lecture on Genito-Urinary Surgery in the University of the City of New York.

The author states that he has thoroughly tried mercurol in his clinic, and from his experience has drawn certain conclusions which he presents in this paper. After describing the chemical nature of mercurol he states that he found the weaker solution had little effect and the strong solutions were at first irritating. He finally concluded that the average strength best borne by the patient is ten grains to the ounce, or approximately two per cent. After having reached this conclusion he had the histories of 100 cases recorded, in 33 of which an examination for the gonococcus was made, revealing its presence in 30 cases. In the remaining 67 cases a clinical diagnosis was depended upon, since the writer considers the experienced eye competent to recognize the disease. In one extremely interesting case no gonococcus could be found in the urethral discharge, although gonococci were present in that of some venereal ulcers on the glans.

In these cases a two per cent solution of mercurol was ordered which the patients were directed to inject three times a day, after micurition; the injection to be held within the urethra for five minutes at each operation.

The clinical reports of the cases show that frequently in two days after beginning the use of mercurol, gonococci could no longer be found in the discharge.

The author discusses at some length the value of the term "practically cured," and sums up his argument by saying that to draw conclusions of value we should consider only cases that have been under treatment for three or more weeks, omitting those making but a few visits. On this basis he eliminates all but 65 cases from his report and tabulates these as follows:

Ten cases were cured in four weeks, or 15 per cent.; fifteen cases were cured in six weeks, or 23 per cent.; twenty cases were practically cured, as there was no discharge, though there were some shreds in the urine at the end of from four to eight weeks, 30 per cent.

One of the most valuable observations that the writer has made is the fact that *only two cases suffered from complications*, one having developed gonorrheal rheumatism and the other epididymitis. He states that this fact in itself would tend to argue much in favor of the use of mercurol, for where is there any other solution or mixture which does not show a greater percentage of complications? When we consider that many writers claim that epididymitis occurs in 20 per cent. of all cases of urethritis, the rate of 1 per cent. reported in this series of cases argues much in favor of mercurol as a harmless, yet efficient injection.

Another interesting feature is that in only one of the 100 cases was there any marked posterior urethritis. Therefore it would seem that *mercurol quickly destroys the gonococcus, lessens the severity of the inflammation, and tends to prevent the development of complications.* From a comparative study of the different methods of treating gonorrhea the anthor concludes that

treatment with mercurol is an advance beyond the older methods with balsamics and astringent injections.—(*Abstracted from The Lancet, London, England, Sept. 22, 1900.*)

The Associate Infections of Scarlet Fevers.—Dr. Jaques, (*Journal of American Medical Association*, 1899, Vol. xxxiii, No. 25), says the object of his paper is to call attention to the fact that scarlet fever is seldom a single infection, and its successful treatment necessitates a knowledge of all the factors contributing to the abnormal condition. The most dangerous infection associated with scarlet fever is diphtheria. Unfortunately many of the text-books speak of this as being rare. Rapid transit and commercial exchange have greatly aided the distribution of germs. Every factor which affects the condition of mankind must change his relation to germ disease, and every new method of hygiene and sanitation must affect the environment of the germ, hence the constant change in germ disease. The use of diphtheria antitoxin has had the effect of lessening the fear of the public and less care is taken to isolate diphtheria patients, hence a wider dissemination of these bacilli. F. Ranke found diphtheria bacilli present in the throats of 53.7 per cent. of scarlet fever patients in Munich. Goodall in making a bacteriological examination of 87 cases of scarlet fever immediately after their entrance into the Eastern fever hospital, found diphtheria bacilli present in 19 cases. They were mild and would not have been recognized clinically as diphtheria. One of the cases subsequently developed post-scarlatinal diphtheria and so did four other cases in whom no bacilli were found on admission. Sererensen examined 1,547 scarlet fever patients and found diphtheria bacilli in 25 per cent. Beggs found diphtheria bacilli in the throats of 51 out of 140 cases of scarlet fever examined. The spread of germs being such an uncertain factor explains partly the difference in results of these observations. The pus germs are almost always present in all cases of scarlet fever. Most cases, after the symptoms of the specific contagion abates, resolve themselves into streptococcus infections. The judicious use of anti-streptococcic serum is of value in preventing such sequelæ, as the general infection of the tissue and glands of the buccal region and middle ear infection. Not every case of scarlet fever requires the serum. The clinical symptoms of the patient and the malignancy of the pus germs as indicated by the culture must decide the physician as to treatment.

During the season of its prevalence influenza may often be found associated with scarlet fever, but its toxin has not such fatal effects on children as on adults. Measles, mumps and other diseases of childhood are apt to follow or be found with scarlet fever. Proceeding on the belief that scarlet fever is nearly always accompanied or followed by other infections, with a similarity of clinical manifestations during the early stages, it must be apparent how important a part the microscope has come to play in a correct diagnosis. If it can be known just what germs are present and the degree of malignancy, as indicated by their growth, treatment may assume the initiative and defensive, with a more favorable prognosis than is possible with a delayed diagnosis. There is no one line of treatment which will fit every case of scarlet fever for the very reason assumed in the beginning, that it is so often modified and complicated with other infections. The kidney, heart and nervous structure must be closely watched. Nutrition must be strictly maintained and the destruction of renal tissues prevented. The selective action of scarlet fever poison and the toxins of associate infections must be kept in mind. As long as the heart beats every means should be exhausted

to sustain the strength. In one of the author's cases oxygen gas and artificial respiration for thirty minutes tided the child over the crisis of the disease. Neither nurse nor physician should be handicapped by a fear of the disease, as the successful issue of a case may require most strenuous efforts and even the constant presence of both for a time.

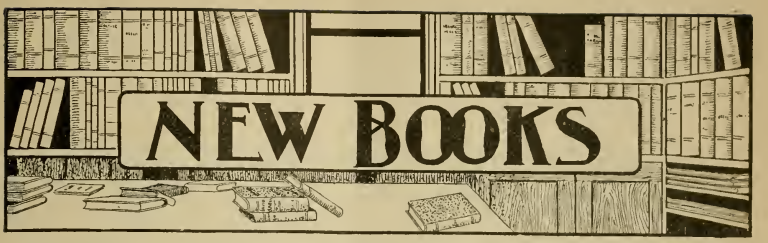
With all these conditions accepted and carried out, deaths from scarlet fever complications will probably not be eliminated, but they will be much reduced. R. L. F.

The Importance of Prolonged Rest in Bed After Acute Cardiac Inflammation in Children.—(Dr. L. Emmett Holt, Archives of Pediatrics, December, 1899) says there are three reasons why cardiac inflammations are likely to be especially serious in young children: (1.) The frequency with which both the endo and pericardium are involved. (2.) The great tendency to acute dilatation. (3.) The liability of these attacks to be complicated by pneumonia.

The cardiac muscle, like the voluntary muscles, in young children, has by no means the resistance which it attains in later life; as a consequence of this it happens that under the strain of an acute inflammation dilatation comes on very readily and progresses more rapidly than in adults. The danger of dilatation is much increased in cases complicated by pericarditis. It is largely owing to rapid dilatation that we see so many cases succumb during the acute attacks, and is usually in consequence of progressive dilatation that cardiac failure with dropsy and all its attendant features so often follows within a few months after the primary attack. It is this condition of the heart walls which must be the chief consideration in the treatment of acute attacks, not only during the period of active inflammation, but for a considerable time afterward. The author has long been of the opinion that if we would minimize the injurious effects of acute endo-pericarditis, we must secure to these patients as nearly absolute rest as is possible; and that not simply for a period of two or three weeks after acute symptoms, but for as many months.

With children it becomes a practical impossibility to control or regulate the amount of exertion when once they are allowed out of bed. With them, therefore, if rest is to be secured at all it can only be accomplished by strict confinement to the bed and in a recumbent position. This must be continued long enough for the heart to regain its tone and for a readjustment of the circulation to take place. The author cites two cases which illustrate in a striking way the benefit resulting from this plan of treatment. They are selected as representing types of most serious inflammation affecting both the endo and pericardium; both were complicated with pneumonia and both were nearly fatal in the acute stage.

The third case which resulted in death illustrates only too well what is so often seen to follow where children after acute heart inflammations are allowed to be up and about as soon as their general symptoms permit. The author believes that in few things are physicians more blame-worthy than in allowing children to get up as soon as acute symptoms have subsided, after they have suffered either from acute cardiac inflammations or from general infectious diseases (especially diphtheria, scarlet fever or typhoid) of severe type and in which the heart muscle has been affected. The possibilities of harm which may result from this practice are certainly not appreciated. Nor, on the other hand, are the possibilities of improvement or the extent of recovery appreciated, where the plan of treatment above outined has been followed. R. L. F.



Sajous' Annual and Analytical Cyclopedia of Practical Medicine.—Subscription entire series only. Six volumes; one every six months. Cloth, $5.00; half Russia, $6.00. Monthly supplements sent free during the three years. Philadelphia. The F. A. Davis Company, 1914 and 1916 Cherry Street. Vol. V. Methyl-Blue to Rabies.

This volume, like those which have preceded it, is first-class in every respect. In the preface the editor-in-chief refers in a feeling manner to Dr. Thomas Kerr, of London, and Dr. J. E. Graham, of Toronto, both among the one hundred associate editors, who, since the publication of the last volume, have been removed by death. Dr. Kerr was an able contributor on "Inebriety", and the article on "Morphinism" in this volume is from his pen. Dr. Graham furnished an article on "Cholelitiasis", which is of unusual interest and his article on "Typhoid Fever" will appear in volume sixth. It is, of course, impossible to critically review here a work of this extent, dealing with a variety of subjects embraced in the limits indicated by the initial words, but we call attention, with the greatest satisfaction, to the specially contributed articles on: "Nursing and Artificial Feeding," by Drs. L. Emmett Holt and L. E. La Fétra; "Disorders of Pregnancy," by Dr. Curvier; "Abnormal Parturition," by Drs. Grandin and Marx; "Pleurisy," by Dr. Alex. McPhedan; "Catarrhal Pneumonia," by Dr. Solomon Solas-Cohen, and "Lobar Pneumonia," by Dr. Thos G. Ashton. These will amply repay a close perusal.

Scribner's Magazine for November contains an illustrated history of the great Trans-Siberian Railway, by Henry Norman. The author has traveled the whole length of this great road and his pen picture, aided by photos taken on the ground is intensely interesting. Mr. Norman says that since the building of the great wall of China the world has witnessed no one undertaking of equal magnitude. The cost will be about $500,000,000 and its total length 5,486 miles.

"The Cross Streets of New York" is one of a number of articles on the picturesque aspects of this great city, written by Jesse Lynch Williams. The illustrations are of the most impressive in the city and are pointed out by the author with rare discrimination, mingling with the New York of to-day much of its romantic past.

In color printing this number shows some very effective pictures by Frederic Don Steele made to illustrate a charming bicycle story called "The Wheel of Time."

Henry James contributes "The Tone of Time"—the story of a woman who tries to create a respectable past.

Another of the short stories in the number is a tale of Russian intrigue in China called "The Tartar Who was not Caught."

Mr. Barrie's great serial, "Tommy and Grizel," is concluded in this number with a situation which will surprise the most acute readers of fiction, and will create a great deal of discussion.

Nature and Science.

The role of the mosquito in spreading malaria has just been demonstrated quite conclusively in England. Some insects, which had repeatedly stung men suffering from tertian fever, were sent from Rome to London, and there allowed to sting the son of Doctor Manson, who had never had malaria. The young man so bitten soon developed a typical attack of tertian fever, and examination of his blood showed the presence of the germ peculiar to that variety of malaria.

Marine Animals far from the Sea.—Some of the vast changes which the face of the earth has undergone are indicated by the recent discovery in the small lakes scattered among the extinct volcanoes of Auvergne in France of the survival of certain forms of marine animals. Salt plains exist there whose deposits were formed before volcanic forces upheaved the surrounding rocks and created mountain peaks and craters.

Sea Currents and Migrations.—The French scientific journal *La Nature* calls attention to a recent report of the French consul at Hawaii which, it thinks, throws light on some problems of ethnography. Not long ago a little schooner, dismantled and with its rudder gone as the result of a tempest, was drifted by winds and ocean currents from Tahiti, Hawaii, after 81 days of helpless wandering. Hawaiian traditions declare that in ancient days people came from Tahiti, drifting with the currents, and settled Hawaii. The adventure of the dismantled schooner seems to prove the possibility of such a migration, and it is suggested that the currents of the Pacific, which have not yet been sufficiently studied, may throw much light on the distribution of the native races among the island groups.

Three Kinds of Ice.—A German physicist, G. Tammann, has recently discovered some hiterto unnoted facts concerning ice and the freezing point of water. He finds that not only does the freezing point vary with the pressure, but that three different kinds of ice can be produced, each possessing its own crystalline structure. Thus water may now be said to have five known forms, namely, water vapor, water as a liquid, ordinary ice, called by Tammann ice I., ice in its second form, or ice II., and ice in its third form, denominated as ice III. Some nonscientific people would, in hot weather, add a sixth form generally known as ice-cream.

To Talk Across the Ocean.—Through the insertion of inductance coils into the electrical circuit, Professor Pupin, of Columbia University, has greatly increased the efficiency of long-distance telephony through cables. The insertion of the coils enables the cable to transmit 6,000 times as much current as it is able to transmit without them. With an experimental cable thus provided, it has been found possible to carry on a conversation distinctly at a distance of 250 miles. By applying the principle to oceanic cables, it is believed that telephonic messages might be sent to and fro across the Alantic. It would also greatly increase the rapidity with which ordinary telegraphic signals can be transmitted by cable. The principle is likewise applicable for extending the range of telephonic communication over aërial wires.

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Editorial.

TRANSIENT GLYCOSURIA AND ITS PATHOLOGICAL SIGNIFICANCE.

As is well known, the disposition made of the carbohydrates in the body is not definitely settled, and hence no reasonable explanation of the pathological causes of glycosuria has been offered. It is true that a strong suspicion attaches to the liver as the guilty organ, but satisfactory evidence upon this point has not as yet been brought forward. Sugar is present in the normal urine, but in such minute quantities as not to give a reaction with the ordinary tests. This, together with the fact that it is often found in appreciable quantities during convalescence from various diseases, such as scarlet fever, typhoid fever, la grippe, malaria, measles, as well as after the administration of certain drugs, and as a result of cerebral injuries, notably those affecting the floor of the fourth ventricle, has brought about a more conservative estimate of its prognostic significance. It is also to be remembered that the excessive consumption of saccharine and starchy foods, in individuals incapable of their proper metabolism, may also be a cause. The facility with which this result may be produced by the indulgence in carbohydrates is said to vary much in different persons. The finding of sugar in the urine is, however, a cause of serious disquietude to the physician, and is especially disturbing when found in the urine of an otherwise healthy and robust applicant for life insurance. Justice to the company and

to the applicant requires a very nice discrimination upon the part of the examiner. Insurance companies in general deal with such cases with a very considerable degree of conservatism, and are apt to accept the view of Purdy: that the appearance of genuine cases of diabetes is frequently preceded for a time by the intermittent or constant presence of small quantities of sugar in the urine, and while disclaiming the ability to discriminate between such cases and those in which the disease never develops, gives it as his observation that many of the cases of so-called "*digestive glycosuria*", more especially in young subjects, wind up in fatal diabetes. Thus agreeing with an author of wide experience who says, "that a man with sugar in his urine is like a house that is undermined; he will surely fall, but no one can predict the precise moment at which the disaster will occur."

In this connection it will be of interest to recall that peculiar condition referred to by some authors as alkaptonuria, in which the urine reduces alkaline solution of copper, such as Fehling's, while the specific gravity is low, 1014 or 1020, and there is no marked polyuria. Such urine, however, will not give the reaction with bismuth, the fermentative or the poloriscopic tests for sugar. This condition is said to possess no pathological significance and may often be found in several members of the same family.

Hare thinks that unless glycosuria be accompanied by the other symptoms of diabetes mellitus, viz: dry skin, great thirst, intense itching and erythema, excessive appetite, loss of flesh, furuncolosis and the copious passage of urine of high specific gravity, it should not be regarded as a positive indication of the disease. If on the other hand the ordinary tests show the persistent presence of sugar and the patient presents the above symptoms the glycosuria is a sign of diabetes mellitus due to a lesion in the medulla, to morbid functional activity of the liver, or to charges in the pancreas.

The prognosis of true diabetes is peculiar in its well known fatal character in young subjects; its more favorable prospect in the middle aged, and the relatively hopeful outlook it offers in persons over sixty years. The younger the patient, the graver the malady.

GENERAL SUMMARY OF TYPHOID CASES AT JOHNS HOPKINS HOSPITAL FOR TEN YEARS.

Dr. William Osler, of Johns Hopkins, in "Studies on Typhoid Fever, No. III," Johns-Hopkins Hospital Report, gives an interesting summary of 829 cases of typhoid fever treated at that institution for the ten years ending May, 1899. We have only space to notice a few of the results of his study of these cases. The mortality rate was 7.5 per cent., which is a very favorable showing for a general hospital receiving all classes of cases, some of them dying a few hours or days after admission. One noteworthy feature of the analysis is the great preponderance of male patients—631 males to 198 females. This is of course explicable to an extent on other grounds than that of sex, though the figures are suggestive. In point of age the prevalent opinion that the majority of cases occur between the 15th and 35th year, is sustained, 552 of the 829 cases coming within that limit. The same may be said of the seasons, the months of August, September and October showing the greatest number of admissions. What we desired especially to call attention to, is the treatment pursued, which is in accordance with Dr. Osler's well known views regarding the much dis-

cussed question of antiseptic purgatives, etc., in the management of typhoid fever. The following is a summary of the treatment:

"1. A careful and thorough system of nursing, to which, as much as to any other single feature, I attribute the comparatively low rate of mortality for a general hospital. Our proportion of nurses to patients is above the average. We have been fortunate in having as head nurses in the wards usually able and devoted women, who have made the nursing of the typhoid fever patients their particular study. To Miss Hampton, to her successor, Miss Nutting, to the head nurses, and to their assistants, I am personally under a lasting obligation.

2. *Diet.* Milk, diluted with limewater, and egg albumen form the standard diet of the febrile stage. We rarely order artificial foods. The milk has not often to be peptonized, and we have had on the whole singularly few gastric complications, and comparatively few instances of serious bowel trouble. The patients are given in addition an abundance of cold water.

3. *Hydrotherapy*, either the full tub at 70 degrees, or, if occasion requires, ice-cold sponges. Full details of this are given in Studies No. II.

4. *Drugs.* As a rule no medicines are given. If the pulse becomes rapid and feeble, we give alcohol in the form of good whisky, and strychnia, if necessary, in full doses. We use no antipyretics, and no intestinal disinfectants. Special complications, of course, require and receive appropriate treatment.

THE PREVENTION OF MALARIA.

The Medical Times, commenting upon the now well-established role that the "dapple winged" mosquito plays in the transmission of malaria, theorizes interestingly upon the possibilities of discovering and breeding some organism obnoxious to the mosquito and innoxious to man. The necessity for such a discovery is farther emphasized by the recent report of a commission of surgeons of the United States army in which the conclusion is reached that the mosquito "serves as the intermediate host for the parasite of yellow fever, and it is highly probable that the disease is propagated by the bite of this insect." Add to this the fact that the filaria of elephantiasis, like the malarial organism, has been discovered on the proboscis of this emissary of Satan, and it becomes obvious that the mosquito must go.

The *Times* gives the following instances combating one parasite with another:

"Take, for instance, the chinch bug, a small bug, only three twenty-fifths of an inch in length, yet he made a great stir in the world some years since. The amount of injury done by this insect in Illinois alone in the year 1864, was estimated at $73,000,000. But now we seldom hear of it.

The chinch bug went out of business after the bugologists got their microscopes on him and learned that he was infested by a small parasite which was not only harmless, but was readily cultivated in such numbers as to destroy the host, as an infected animal or plant is called.

Many instances could be given, but the combating of one insect form by another is always the more interesting method of extermination, and usually the most economical and effective.

The United States Government has been experimenting with the savage looking but harmless dragon fly. Experimenters saw one fly eat up 800

mosquitoes in an hour, and it is now proposed to breed the "darning needle" on a large scale to see if they cannot be made sufficiently numerous to kill the mosquitoes that infest some parts of the country.

Now that the mosquito has been identified as the gatherer and transmitter, to a certain extent, of malarial poison and the entomologist has pointed out the way to get rid of the mosquito, and if Dr. Koch's claim since his return from Africa to have formulated a sure specific for malaria in all its forms is correct, may we not reasonably expect that not only may the Roman Campagna be restored to more than its former fertility, but large malarial districts rendered comparatively safe while the work of change and purification is in progress?"

MEDICAL DEFENSE ASSOCIATION.

Our exchanges have been commenting upon the action of the members of the State Medical Society of Minnesota, who have organized a defense association for the purpose of defending and paying all cost in the event of any member being sued for malpractice, when after proper investigation it is shown that the case is a good one. The annual dues are $5.00 and each member binds himself to pay $10 if the directors call for it. The formation of such defense unions have been seriously considered in various portions of the country, especially in the West, where suits of this character are so frequent and malicious that it is said in some sections physicians are afraid to hold property in their own names, or in the State, unless of a kind that is non-attachable. The extreme injustice and persecution to which a physician may be subjected in certain communities could hardly be more glowingly evident. While there are no doubt instances in which the plaintiff has good grounds for complaint, the great majority of these suits are malicious and brought by parties whom the doctor has attended for charity sake. We believe that an organization somewhat similar to the one in Minnesota, exists in London and the example thus set will no doubt be ultimately followed by many other State societies. There seems to be a growing tendency upon the part of the medical profession, now the most loose-jointed and divided of the professions, to enter into closer relations and to organize itself upon a stronger basis. Rightly conducted such a union will conserve not only to the good of the profession but to the community as well.

An Important Legal Decision: Physicians Not Liable When They Act in Good Faith.—According to the *Journal of the Ameriean Medical Association* for October 27th, the Supreme Court of Massachusetts, in full bench, has given out a decision that is of the greatest interest and importance to medical men. It holds that physicians under the Massachusetts statutes are not liable for negligence in erroneously certifying a person as insane or inebriate, provided they do so in good faith and without malice. Even if their examination was a careless one their action was not the proximate cause of the commitment, as a judge must, under the statutes, determine that; and, secondly, they should, in accordance with public policy, be, like other witnesses, considered privileged and protected against liability as long as they act in good faith and without malice. The opinion, says the *Iournal*, was a majority one, but, while not unanimous, it is sufficient to protect Massachusetts physicians from vindictive damage suits and may be a valuable legal precedent elsewhere.—*N. Y. Medical Journal.*

Medical News and Items.

Smallpox has broken out in Paris.

Diphtheria is quite prevalent in many parts of Indiana.

A Bandage-Roller Mfg. Co. has been organized in Selma, Ala.

Dr. J. Chas. Stannin, of Chicago, has been sued for $20,000 by a patient.

Diphtheria is prevalent in Globeville, Col., and the schools have closed in consequence.

In Russia the Red Cross Society is aided by the collection of a special tax by the government.

Four graduates in dentistry will be added to the resident staff at the Philadelphia Almshouse.

The Chicago Eye, Ear, Nose and Throat College has increased its capital stock from $10,000 to $25,000.

Modern bullet wounds are not so fatal as those made by the large bore guns used a quarter of a century ago.

After spending $60,000 upon the Homeopathic Hospital, New York City is now asked for about $150,000 for its maintenance.

A movement is on foot among the women of Brooklyn to establish a memorial to the memory of the late Dr. Alexander J. C. Skene.

It is stated by an exchange that in Hungary there are thousands of villages and hundreds of towns without a doctor within ten miles.

Jefferson Medical College will establish a laboratory to be known as "The J. M. DaCosta Memorial Laboratory of Clinical Medicine."

Surgeon Kinyuon, of the Marine Hospital Service, reports three deaths from plague in San Francisco during October, and states that conditions favor its further outbreak.

Crowd Injuries.—Sixteen hundred persons suffered injuries requiring medical attendance in the crowds that assembled in London on Monday of last week to welcome home the volunteers from South Africa.

George F. Barker, M. D., Ph.D., for twenty-eight years professor of physics at the University of Pennsylvania, has resigned on account of ill health. He has had conferred upon him the title of "Professor Emeritus in Physics."

The will of Dr. Hunter McGuire was probated September 30th. The estate, valued at $150,000, is devised to his wife, and his library and instruments are to be divided equally between his two sons, Drs. Stuart and Hugh McGuire.

A Death Under Chloroform.—A boy nine years old, who was being anæsthetized preliminary to an operation for injury to the thigh, died last week at the New York Polyclinic Hospital. Chloroform was the anæsthetic employed, and the boy died soon after the inhalation was begun.—*Medical Record.*

France is about to impose a tax on all bachelors and old maids over 30 years of age; also on childless couples who have been married five years. This is proposed in order to increase the birth rate which is so low as to threaten the depopulation of the country.

Sought Purchasers for Medical Certificates.—Dr. Henry Wilson, of Randolph, Kan., who was arrested several weeks ago and charged with fraudulent use of the mails, in advertising blank medical certificates to any who would buy them, has been found guilty in the United States Court in Leavenworth.

The Tri-State Medical Association of the Carolinas and Virginia will meet on February 26th, 1901, at 10 o'clock A. M., at the Jefferson Hotel, Richmond, Va. All fellows desiring to read papers should communicate with the secretary, J. N. Upshur, M. D., Richmond, Va., giving title, not later than January 15th, 1901.

A dispatch to the *New York Times* states that suicides are becoming of shocking frequency in the French army, and it is no secret that it is the result of the insupportable treatment which the soldiers are subjected to and the general brutalizing condition of life which they are compelled to lead during their three years of service.

An Osteopath Fined in Wisconsin.—Swen A. L. Thompson has been fined $50 and costs in a police court at Milwaukee, Wis., for violating the Wisconsin statues by using the title "Dr." without having obtained a license from the State Board of Medical Examiners. It is stated that the case will be carried up to the Supreme Court on appeal.—*Jour. A. M. A.*

A Doctor Captured by Bank Burglars.—Dr. G. H. Albright, of Barboursville, Ky., had a rather unpleasant experience recently. He was returning from a night call, and had occasion to pass in front of a bank. Just as he reached the door, four men rushed out, seized him, and after binding and gagging him, thrust him into a vault and closed the door. They were burglars, and were probably afraid the doctor would see them at work and call the police. He was released in the morning.

A Postoffice Physician in Minneapolis.—Dr. C. H. Williams, who was recently appointed postoffice physician in Minneapolis, has received instructions in his capacity as civil service physician. He will furnish free medical aid to all civil service employees, which includes the local postal force, and he will be required to inspect all branches of the postoffice to see that they are kept in a sanitary condition. The physical condition of employees in the service will also be looked after.—*Jour. A .M. A.*

The daily press reports the establishment in Chicago of a new association of oddities who believe that the eating of raw food is the secret of longevity, perfect health, amiability of disposition superior mental vigor, and economical living. They contend that the cooking of food is in opposition to nature's law, and that it is only a fad which originated somewhere in the early ages of man, and that since then humanity, mentally, morally and physically, has been steadily on the decline. All the adherents to the new belief have discarded from their tables every edible that has felt the influence of fire. They say fire destroys all that is life giving and healthful in food. Their diet list includes such toothsome dainties as dried beef, raw carrots, raw oats, wheat, and rice flour.—*Medical Age.*

The Carolina Medical Journal.

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Illustrations necessary to elucidate the text will be provided without expense to authors when suitable ink drawings or photographs are furnished.

Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

Original Communications.

*Treatment of Posterior Displacement of the Uterus.

By STUART McGUIRE, M. D., Professor Principles of Surgery and Clinical Surgery, University College of Medicine; Surgeon in Charge St. Luke's Hospital and Visiting Surgeon Virginia Hospital, Richmond, Virginia.

THE UTERUS retains its normal position in the pelvic cavity by virtue of its specific gravity. It is not held in place by its ligaments or supported by the vagina or perineum. It floats. The ligaments do not fix it laterally or suspend it from above, but permit wide range of motion and merely act as guy ropes to steady it. The vagina and perineum do not sustain it by furnishing mechanical support from below, but merely maintain the hydrostatic equilibrium of the abdominal contents by transmission of atmospheric pressure.

Displacement of the uterus may result from mechanical force, or from increased weight of the organ, or from loss of the sustaining pressure of the air.

Mechanical force is seen to act as a factor in cases where displacements follow a fall; increased weight in cases where displacements follow inflammatory processes attended by altered specific gravity; and loss of atmospheric pressure in cases where displacements follow patulency of the vagina due to laceration of the perineum.

Posterior displacements of the uterus are more commonly seen than anterior displacements. They vary in degree and in the character and intensity of the symptoms they produce. A slight deviation from normal may cause distressing disturbances, and a complete retroversion or retroflexion may not be attended by appreciable discomfort.

*Paper read at the meeting of the Richmond Academy of Medicine and Surgery November 13th, 1900.

The symptoms, when present, consist of headache, backache and sensation of pressure and weight in the pelvis; irritability of the bladder and rectum; inability to walk or maintain an erect position for any length of time, and general derangement of the nervons and digestive system. Physical examination shows the fundus of the uterus in Douglas cul de sac and the position and direction of the cervix correspondingly altered.

I have not attempted to go fully into the etiology or pathology of the disease as a mere statement of the various theories held would occupy considerable space. Nor have I tried to give minutely the symptomalogy of the trouble, as it would require a pen picture of the so-called "pelvic woman" that would tax my descriptive ability. I have merely endeavored to present a few of the facts which must be borne in mind in considering the practical treatment of the condition.

If the displacement causes no trouble and is only discovered accidentally, the treatment—is silence. Nothing can be more mischievous than the unnecessary information of abnormality to a sex naturally imaginative in regard to an organ sentimentally endowed with exaggerated importance. A short experience in any out-door dispensary will demonstrate the fact that many women have displacements and do not suffer. "Where ignorance is bliss 'tis folly to be wise."

If the displacement does produce symptoms justifying correction then the logical but not always practical method of procedure is to find the cause of the displacement and remove it. If due to a sudden jar from a fall the uterus should be replaced bi-manually and the patient confined to bed for several days in the knee-chest or Sims' position.

If due to increased weight from endometritis from infection, or subinvolution from laceration of the cervix, then the uterus should be curetted or the tear repaired. If due to diminished or abolished atmospheric pressure from rupture of the perineum, then the divided tissues should be united and the vagina re-invested with its valve like action.

Unfortunately most cases of posterior displacement are seen at a date when the primary cause has ceased to be active and when pathological changes have become anatomical alterations. A removal of the exciting factor is then insufficient to correct the trouble and it is no longer a theory but a condition with which we have to deal.

Failing to effect a cure by the correction or removal of the primary cause three different plans of treatment may be followed, either singly or combined:—namely the postural treatment or an effort to correct the displacement by gravity; the mechanical treatment or an effort to correct the displacement by tampons or pessaries; and the surgical treatment or an effort to correct the displacement by operative intervention.

The postural treatment is carried out by replacing the uterus bi-manually and maintaining it in the corrected position by confining the patient to bed for weeks or months in the knee-chest, or right or left Sims' position. The plan has only a limited field of application, but it is suprising to find what little discomfort it entails, and what good results often follow its judicious and faithful trial. It should be employed in cases where the displacement is recent and uncomplicated by adhesions; where surgical intervention is declined or contra indicated, and where a modified form of the "rest cure" will probably improve the patient's general condition.

The mechanical treatment consists in replacing the uterus and endeavoring to retain it in the corrected position by tampons or pessaries. It is the plan most frequently adopted by the profession and is endorsed by most of

the leading gynecologists of the country. It is practiced with a show of intelligence by some and with routine imitativeness or ignorant desperation by others.

Personally I agree with Lawson Tait when he said, "I hate pessaries and never use them when I can help it." I have endeavored to accept the principle upon which they are based, to apply them in the manner prescribed, for conditions to which they are said to be applicable, and have never succeeded in securing the promised results. I am not in a position to denounce pessaries as frauds but I am in a position to confess that as a pessary fitter I am a failure. Repeated and conscientious practice has not enabled me to accomplish the feat of ledgerdemain necessary to securely and permanently balance a wabbling womb on a rocking support.

Admitting all that is claimed for pessaries to be true, they are but temporary makeshifts, without promise of permanent cure, attended by local mechanical irritation, and necessitating the possessor's frequent visitations to the doctor's office. They occupy about the same relationship to uterine displacements that trusses do to abdominal hernia, and I hope the ingenuity and inventive genius of the instrument maker, which have resulted in the production of a multitudinous variety of both, will shortly be given a needed rest, by the demonstration of the safety and surety of the surgical correction of each trouble, and the education of the general practitioner to the adoption of an apparently more radical but really more conservative line of treatment.

The surgical treatment of posterior displacement of the uterus embraces operations by which the organ is placed and held in position by shortening its ligaments or attaching its fundus to the anterior abdominal wall. The methods practiced are so numerous that the limits of this paper only admit of a description and comparison of the two most popular, namely, Alexander's, and ventro-suspension.

Alexander's operation consists in an effort to shorten the round ligaments without invading the peritoneal cavity. Both inguinal canals are opened by two incisions made parallel with and immediately over them. The ligaments are located, isolated and hooked up, They are then subjected to traction until from two to four inches are drawn out and no more will come. The redundant part is excised and the remaining portion anchored by buried sutures of silk or catgut. The wound is then closed as in Bassini's operation for the radical cure of hernia.

The advantage claimed for the operation is safety, owing to the fact that the peritoneum is not opened. The objections urged against it are that it is difficult and time consuming; that it necessitates two incisions and hence doubles the danger of infection; that it impairs the strength of the weakest point of the abdominal wall and is sometimes followed by hernia; that it is not applicable to cases complicated by adhesions; that it fails to afford opportunity of examining, and, if necessary correcting other pelvic complications, and that it frequently is not permanent in its results, as the ligaments may be too weak to hold the uterus in place, or may eventually stretch so as to cease to perform their new and unaccustomed function.

Ventro-suspension is an operation by which an effort is made to maintain the uterus in a slightly anteverted position by the formation of a peritoneal band between the fundus of the organ and the parietal peritoneum. A short median incision is made above the pubis and the abdominal cavity opened. The uterus is righted either manually or by aid of a tenaculum. Two fine silk sutures are inserted so as to attach the peritoneum at the lower

angle of the wound to the fundus of the uterus at a point a little posterior to its summit. The incision is then closed in the usual way.

The advantages claimed for the operation are that it is safe if done aseptically; that it is simple and, therefore, quickly performed; that it is applicable to cases complicated by adhesions; that it reveals and affords opportunity to correct pelvic complications which were undemonstrable by bimanual examination; and that its permanent effectiveness in relieving symptoms has been demonstrated in a large number of cases.

The objections urged against it are that it fixes the uterus in a rigid and unnatural position; that it interferes with the natural expansion of the bladder and may cause dysuria, and that it prevents the normal development of the uterus if it becomes pregnant and may result in abortion. Kelly, of Baltimore, reports having practiced ventro-suspension in over three hundred cases and states that his results have refuted the criticisms. I have done the operation between thirty and forty times and have never seen one of the unfortunate complications follow. On the contrary my experience has been that the uterus does not remain permanently fixed to the abdominal wall, but gradually lengthens the adhesion until by traction it becomes a peritoneal band, which permits of easy motion and does not constrain the uterus unless it attempts to resume a position of retroversion or retroflexion. Irritability of the bladder has been less commonly observed than after other abdominal sections, probably because of their more extensive nature. Permanent impairment of the function of the bladder has not been feared because at one time I practiced the extra-peritoneal treatment of the pedicle after abdominal hysterectomy and fastened it by pins in the lower angle of the wound and never saw the method followed by vesicle trouble. Four of my cases are known to have become pregnant and gone to term without unusual discomfort, and have been delivered after natural labors.

Dilatation of the Heart.

By HERMAN B. ALLYN, M. D., Philadelphia, Instructor in Physical Diagnosis in the University of Pennsylvania; Visiting Physician to St. Joseph's and the Philadelphia Hospitals, Clinical Professor of Medicine, Woman's Medical College.

THE importance of a careful measurement of the size of the heart in any given case of suspected cardiac disease can scarcely be over-estimated. Yet many physicians are content to ascertain the presence or absence of murmurs, apparently relying upon auscultation alone to determine the integrity of the heart. A very large proportion of the cases of heart disease which occur in the Philadelphia Hospital are put down as cases of valvular disease. Some of them are cases of arteriosclerosis in which the valve lesion, if it exists, is merely a part of the more general disease; some of them are cases of myocarditis or of degeneration, fatty or fibroid, with dilatation of the heart. The whole subject of diseases of the myocardium will repay careful study. I do not mean to imply that the subject has been neglected by systematic writers on the diseases of the heart, but my experience with resident physicians in hospitals and physicians in general practice has made it clear that the prevailing conception of heart disease still is that it consists in an alteration in the sounds of the heart, and particularly in the presence of a

murmur associated with some valve area. This conception needs to be changed so that more attention shall be paid to the heart as a whole, remembering that for both prognosis and treatment the size of the heart and the condition of its tissue are of far more importance than the presence of a valve defect.

It is not the purpose of the present paper to deal with the whole subject of diseases of the myocardium, but to call attention to the importance of dilatation, with some of the causes which make it possible, and to urge that the size of the heart should be ascertained whenever it is possible. A heart that remains persistently enlarged is abnormal, and in most instances is a diseased heart; but the disease is not necessarily and primarily of the heart. As the result of severe training, particularly such as involves great use of the legs, as running and football, the heart becomes enlarged,—must, indeed, enlarge to enable the athlete to accomplish feats of strength. But such hearts do not remain persistently enlarged.

Enlargement of the heart may be from hypertrophy, hypertrophy with dilatation, or from simple dilatation. As in any case it is dilatation which gives evidence of the heart weakness, and which calls for treatment, the word "dilatation" will alone be used in this paper, with the understanding, however, that it does not mean simply pure dilatation, but includes also the common form,—dilatation with hypertrophy.

Dilatation of the heart results from weakening of the heart walls, so that normal blood-pressure over-distends them, or from high blood-pressure and great strain occurring in a sound though perhaps not a very vigorous heart. Generally both causes are combined. Some of the causes which lead to impairment of the integrity of the heart-muscle are (*a*) anemia and toxic conditions of the blood; (*b*) deficient blood-supply from temporary or permanent changes in the coronary arteries; (*c*) chronic inflammation; (*d*) strain (*e*) senile changes.

The writer has elsewhere called attention to the injury done weak hearts by repeated pregnancies. * In these cases there is almost always dilatation, the extent of which is an index of the gravity of the case. The dilatation is to be explained by the poor nourishment which the heart receives, owing to the anemia of the patient, coupled with the strain put upon the heart by forcing a large volume of blood. I have very recently delivered a woman who developed a markedly dilated heart comparatively early in her sixth pregnancy. Dilatation appeared first in her fifth pregnancy, but not until just before and after her delivery, which was so rapid that it occurred before my arrival. In this last or sixth pregnancy cardiac symptoms appeared as early as the fourth month, consisting first of dyspnea on exertion, palpitation and irregular heart-action. Before the fifth month the apex beat in the fifth interspace extended fourteen centimetres from the middle of the xiphoid, and in the third interspace twelve centimetres from the midsternal line. In the second interspace it reached three centimetres to the right of the sternum. Under cardiac tonics and rest in bed, which was maintained pretty constantly for two months, the heart diminished in size, but was still irregular, with gallop rhythm, up to the time of her delivery, which was premature by six weeks. Following delivery improvement was very rapid, and she is now comparatively well, with regular pulse, but heart still enlarged. This patient becomes quite anemic during her pregnancies, and formerly had malarial fever, but has had no paroxysms for a number of years. I think we must regard ane-

* University Medical Magazine, April, 1894, and December, 1895.

mia itself, even that form which occurs in pregnancy, as a toxic condition. Hence in such cases the heart is weakened not only by the impoverished blood supplied to it, but also is damaged by the toxic materials which the blood contains.

In the following case the etiologic factors appear to be malaria and syphilis, and possibly alcoholism:

J. B, colored, aged 33, was admitted to the medical wards of the Philadelphia Hospital, June 29, 1899, complaining of pain in the epigastrium, dry cough, dyspnea, and swelling of the legs and knees. This was his fourth admission to the hospital within a year, and his symptoms and physical condition on each admission were strikingly similar.

He was a large, well-built, muscular negro, and a teamster by occupation. His family history was good, and threw no light upon his present illness. He had had gonorrhea when 14, chancre and bubo when 17 years old, and malarial fever in the fall of 1897. He had had measles, whooping cough, and chicken-pox when a child. The patient himself refers to the beginning of his illness to 1896. The inguinal glands were enlarged, and there were circular scars on the legs which suggested ulcerative syphilitic lesions. He said he used alcohol and tobacco in moderation; but as there is a statement in a history taken during a former admission that he drank to excess, his habits as to the use of alcohol must be considered open to question. But he certainly did not look like an alcoholic.

The patient stated that the present attack began two weeks before admission and followed a hard day's work. He first noticed a dull and sickening pain in the epigastrium. These pains do not appear to have been constant, for he says that shortly after the pains begin the abdomen feels larger. Eating and drinking cause a choking sensation. Swelling of the feet and legs began a few days after the pain appeared. Shortly afterwards dyspnea and cough appeared, and sleeping in a horizontal position became impossible. He continued work until a week before admission, when he was obliged to give up.

When first seen pulsation was marked in the cervical vessels. The pupils were equal and reacted to light and distance. The tongue was large, rather flabby and white-coated on the dorsum. The chest was well developed. Expansion was fair and equal, and respiration was increased in frequency. The abdomen was resistant to pressure and appeared much distended, the extremities were edematous.

The heart.—A diffuse throbbing could be seen over the precordia. Percussion dullness on the right side extended one inch to the right of the right border of the sternum in the third and fourth interspaces. The upper border on the left side reached to the second rib. In the sixth interspace the cardiac dullness extended fifteen centimetres from the middle of the xiphoid, and in the third interspace fourteen centimetres from the midsternal line. There was a wavy, rather heaving impulse felt in the sixth interspace.

A rough, low-pitched systolic murmur was heard in the second right interspace, and was transmitted to the right carotid, but not to the left. In the third left interspace there was a rough, low-pitched murmur, like a pericardial friction in sound, but heard only in systole, and becoming louder towards the apex. It was transmitted into the axilla, and heard also in the eft interscapular space.

The lungs.—The percussion note was flat over the left lateral area of the thorax and posteriorly in the inter and infrascapular spaces. The breath-sounds were harsh and high-pitched. Fremitus was felt over all the area.

The right lung was dull posteriorly at the base, and there were a few crackling rales heard. But the breath-sounds and fremitus were unaltered.

Abdomen.—The liver dullness extended downward to the level of the umbilicus. The upper border was normal.

Under rest in bed, cardiac tonics, venesection, and laxatives, the heart markedly lessened in size, the edema disappeared, and the liver became smaller. He felt very well, and was able to lie down in bed. He was very anxious to get up, and permission was unwisely given too soon, on July 12.

In six days he was again back in bed with a return of all his symptoms in an aggravated form. The left border of heart at the apex was sixteen centimetres from the xiphoid. The heart was very irregular in action with gallop rhythm and intermission. The pulse at the wrist was slow and of high tension, the weak systoles of the heart not being felt there. The liver was very large, the left lobe showing it more than in the previous attack.

In spite of careful treatment and apparent improvement, he died suddenly, while lying quietly in bed, on the night of August 1.

The pulse, from July 24 to August 1, ranged from 76 to 28; it was generally between 36 and 44. There had been no rise in temperature. The urine contained no albumin, sugar or casts. The autopsy showed great hypertrophy and dilatation, especially of the right heart; myocardial degeneration; commencing atheroma of aorta; chronic passive congestion of lungs, liver, spleen and kidneys. There was no lesion of the cardiac valves. The heart weighed 990 grammes. The left ventricle measured two centimetres in thickness, and the right one and two-tenth centimetres. There was no obstruction of the coronary arteries.

There are several points of extreme interest in this case. In the first place, as to the cause. Why should a robust, vigorous-looking young man of 33 have such an enormously hypertrophied and dilated heart? It was not secondary to any valve lesion, for none existed. It was not the result of a myocardial degeneration following obstructive disease of the coronaries, for these arteries were apparently healthy. It had not followed any acute illness of recent date. I do not think it can be attributed to alcoholism, for although the man's history is somewhat doubtful as to the extent of his indulgence in alcohol, he did not look like an alcoholic; and he must have indulged to great excess to produce such a heart at the age of 33. He was, it is true, engaged in work that put a considerable strain upon his heart, for no doubt he was obliged to lift heavy loads to or from his wagon or dray. Strain was no doubt a factor in the case. Another was probably a condition of high tension in the arteries. This was present while he was under my observation, and we may assume that it had existed for a long time. I am inclined to think that this man had syphilis, which produced degeneration of his heart-muscle. Perhaps his attack of malarial fever further weakened the heart. Then the high tension of his arteries was a source of constant strain, and his work at times brought about acute dilatation.

Huchard * calls attention to increased vascular tension as a cause of heart-disease. He mentions two cases of interest. In one, a single woman, 45 years old, developed acute dilatation of the heart as the result of repeated attacks of generalized arterial spasm. In another case, a man 42 years old, developed, over night, acute dilatation of the heart. It began with a cold chill and complete numbness of the limbs, after which the heart began

* Mal. du Coeur et des Vaisseaux, Paris, 1899, p. 219.

to beat violently. There was was no lesion of the kidneys, lungs, stomach, or heart to account for the effect upon the myocardium ; but he had an arterio-sclerosis.

Jacob* has reported a number of cases of cardiac dilatation due to spasm of the arteries. The prominent symptoms were chill, heart pang, a feeling as though the heart alternately stopped and beat very violently, dyspnea, and high tension pulse. Attacks with the above symptoms occurred paroxysmally. Sometimes they were accompanied with tachycardia and sometimes with bradycardia. In one case the apex beat reached 7.5 c. m. to the left of the nipple line.

This negro's attacks of acute dilatation were always characterized by epigastric pain and distress, due probably to acute passive congestion of the liver.

Another point of interest in this case concerns the diagnosis. How should this case have been distinguished from one of valve lesions, particularly from a case of aortic obstruction. The only way was by noting the fact that the systolic murmur which was heard at the aortic cartilage and over the upper portion of the sternum was transmitted only on one side. As to the mitral systolic murmur, the murmurs of dilatation are more variable than those due to valve lesions. This man at times exhibited scarcely any murmur, although the size of the heart changed but little. Murmurs due to valvulitis are often musical and vibratile ; but this cannot be insisted upon. The age of the patient, the absence of a history of rheumatism, and the presence of great dilatation, all pointed to that alone as the cause of the mitral murmur.

The right heart is more frequently dilated than the left. At times the auricles are so dilated as to excite suspicion of aneurism. Some years ago I saw a patient who was approaching middle life. She complained of dyspnea on exertion, especially on climbing ; easily excited weariness ; occasional cough ; palpitation at night, with intermittence in the heart's action. A physical examination of the heart discovered at the apex a presystolic murmur and thrill. The first sound was clear and fairly strong ; the second sound accentuated, but not greatly. There was no increase in cardiac area.

The patient was exposed to a great many worrying cares. In March, 1894, when she again came under observation, the cardiac dullness was found to extend upward on a level with the second rib and interspace, and laterally at this level from the midclavicular line on the left nearly to the midclavicular line on the right side. The extent of dullness to the right of the sternum in the fourth interspace was not quite so far as at the second. The aortic first sound was a little blurred ; but there was no murmur at the aortic cartilage or in the right carotid. Down the sternum a presystolic murmur became audible at the third left rib, and was heard as far as the xiphoid. The apex-beat was faint and difficult to make out. It was not, however, displaced downward or to the left. There was a faint presystolic murmur, heard best within and slightly above the position of the apex-beat. There was no thrill. The first sound at all the valve areas was weaker than normal. The second sounds, especially the aortic, were accentuated. Occasionally the second sound was reduplicated, and there was an imperfect systole. There was no diastolic aortic murmur. To the right of the sternum, from the second to the fourth interspace, but especially at the third rib, a soft systolic

* Ztschr.für Clin. Med., 1899, XXXVI, p. 218–221.

murmur was heard. And in the second and third interspaces there was pulsation, systolic in time.

There was a sense of fullness and oppression over the upper part of the chest and neck. This was not constant, but occasional. Pain was not often complained of, but frequently there was a sore and bruised feeling on the left of the chest, at the root of the neck, and along the sterno-mastoid muscle. Occasionally there were attacks of pain in the cardiac region, with a feeling as though the heart was grasped. Following this there would be breathlessness, with partial collapse, and a sensation of pins and needles shooting in different directions. Palpitation was occasional, and dyspnea on exertion has existed for years. The patient can never bear anything tight about the chest, must always sit very erect to breath with comfort, and, while she can lie down at night, she is more comfortable with a pillow under her shoulders. Cough occurs on excitement. The right radial pulse is distinctly larger than the left.

The diagnosis was mitral and possibly tricuspid stenosis, with dilatation of the right ventricle and both auricles.

Absolute rest was enjoined, and under it there was considerable improvement.

Not to stretch the report of this case to too great length, suffice it to say that under rest, avoidance, as far as possible, of worry, the administration of cardiac tonics, and the employment at home of modified Schott baths, the cardiac area in the course of several months gradually shrank to its normal size. There is now nothing demonstrable about the heart, except the mitral stenosis, which was the original lesion. While there is still the necessity for care in avoidance of undue exertion and excitement, the condition of the patient may be described as very comfortable.

Stokes* reports the case of a girl, aged 11 years, who was subject to attacks of extraordinary dyspnea and orthopnea, in the intervals between which her health seems to have been good. There was a permanent and slightly rough systolic cardiac murmur, loudest near to the left mamma. One uncommonly severe seizure is best described in Stokes' own language. He says:

"I have had many opportunities of seeing this child in the intervals of her attacks; and on a late occasion I was called to see her in a fearful seizure of her disease. The pulse was small, unequal, and rapid to the last degree; and the respirations more accelerated than in any case I had ever before witnessed. There was constant cough, with wheezing, and an expression of of dreadful anxiety. When I saw her she had been twelve hours ill; and I found that the left side of the chest was absolutely dull, except in the posterio-inferior portion. It was as dull as if the lung was compressed by a copious effusion. The heart's action was excited, and so irregular that to analyze the sounds was impossible. Considering that this child had not been a day ill, and also that the signs of dislocation of the heart were wanting, I felt great difficulty in determining from what cause this dullness proceeded.

"Treatment calculated to relieve the digestive system was adopted, and some anodyne and anti-spasmodic medicine given. These measures were followed by a considerable diminution of the excitement of the heart; the clavicle now became clear on percussion. During the next twenty-four hours the upper portion of the sternum recovered its sound, and on the

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*William Stokes, Diseases of the Heart and Aorta, 1855, p. 220.

fourth day the dullness had completely subsided, and the chest had its natural sound, with distinct respiratory murmur."

Stokes adds that there was no cyanosis; there were no signs of pleural effusion, and no friction sounds. He concludes that the condition was an acute distention of the left auricle with blood.

In another place (*) Stokes also reports the following case:

"A man past middle life was admitted into the Meath Hospital, laboring under symptoms of disease of the heart and general venous obstruction. There was considerable dullness to the right sternum, unexplained by any disease of the lung or pleura. The heart was in its natural position; its action irregular, and rather feeble than otherwise. Between the second and fifth ribs on the right side, and corresponding to the dullness, was a deep-seated but most distinct diastolic pulsation, synchronous with the first sound of the heart. For some days Stokes was inclined to regard the case as one of aneurism. The pulsation was clearly different from that of the ventricle, though synchronous with it. It extended over a large surface, and had precisely the characters perceived in an anerismal tumor in which the pulsation is not energetic. The patient sank in about a fortnight after admission. The aorta was found perfectly healthy throughout its entire course; the lungs were extremely congested. The right ventricle was dilated and somewhat hypertrophied; but the right auricle presented a most singular appearance, resembling a vast purple tumor, which concealed the whole of the anterior portion of the right lung. Its parietes were in many places extremely thin, while others in fleshy columns, especially in the appendix, were hypertrophied. Its cavity contained more than a pound of fluid but grumous blood. There was no effusion in the chest or consolidation of lung."

Stokes explains the pulsation in this case by supposing that blood was delivered through the auriculo-ventricular valve per saltum. "In fact, the auricle had become an aneurism so far as its mechanical relations were concerned."

Several years ago I exhibited the heart from a somewhat similar case to the Pathological Society of Philadelphia. The aorta was almost normal, but the right auricle was considerably dilated. During life dullness extended to the midclavicular line in the right side, and in the second and third interspaces there was a systolic thrill and murmur.

There is another cause of dilatation of the heart which in some respects is the most important and interesting. Asthenia or degeneration of the myocardium succeeds upon failure of oxidation and assimilation due to vascular changes. These changes may be the result of gout, rheumatism, alcoholism, syphilis, or simply of age itself. Some, at least, of these cases could be grouped with dilatation the result of toxic states of the blood; but as a rule they affect the heart injuriously through the chronic processes set up in the arteries, a long period of high arterial tension and subsequent arteriosclerosis preceding the cardiac dilatation. Balfour has described such cases in his monograph on the senile heart,—a very happy term as keeping in mind that man is only "as old as his arteries," and that disease processes which induce arteriosclerosis make a man old before his time. Cases belonging to this group of senile or gouty hearts are very common. If they are recognized early and the patient can be controlled, life may be prolonged indefinitely and many useful lives be spared.

* (Op. Cit. p. 290).

The heart is always in such a condition that stress may occasion dilatation. Owing to the condition of the myocardium this dilatation does not subside readily. The patient becomes disagreeably conscious of his heart. There is a feeling of uneasiness in the chest or beneath the breast-bone, rarely amounting to pain. The heart gives an occasional thump, and may, especially at night, beat so irregularly that the patient cannot sleep. Some dyspnea on exertion and easily-induced weariness may be the subject of complaint. The heart under such circumstances may not be found much enlarged. If the patient is past middle life, the heart may be hypertrophied apart from any dilatation. The impulse is apt to be more diffused, to be seen and felt over a larger area, and to be more sudden and shock-like, and less deliberate and heaving in proportion as dilatation preponderates over hypertrophy. In general, increase in the horizontal diameter points to dilatation and increase in the vertical diameter to hypertrophy. The sounds are altered in proportion to the dilatation, with due regard to co-existing atheroma of the aorta, hypertrophy, and valve lesions. In the main, the first sounds at the aortic area and apex tend to become like the normal second sound,—that is to say, they are shorter in duration and higher in pitch, and lack more or less of that dull quality and duration which suggest muscular power. The second sounds may also be diminished in loudness, or if there is still increased tension in the aortic and pulmonary areas and moderate muscular power in the heart, the second sounds may be accentuated.

The rhythm of the heart may be much or little disturbed. Almost always there is some alteration in volume, tension, and frequency of the pulse. Successive beats are not of the same volume and tension, or do not follow each other at the same interval of time. Occasional beats are apt to be full and strong, and the ventricular systoles which cause them are felt by the patient, who speaks of the heart giving a thump or jump, and then perhaps appearing to stop. It is true that such action may be due wholly to disturbed innervation, but it is also true that a severe and prolonged disturbance of innervation of such a nature that there are occasional very forcible beats, may lead to dilatation. I have seen both bradycardia and tachycardia in these cases. More commonly there is an increased frequency of pulsation when the patient is first seen, and later the pulse becomes abnormally slow; sometimes being regular and of good tension and at other times being irregular. The pulse-beats may be only one-half or a smaller fraction of the heart-beats, owing to ineffectual systoles of the ventricle.

The size of the heart can best be estimated by percussion. The method which I have found most serviceable is as follows: Obtain the right border of the heart first; then the upper, then the left lateral border, and finally the lower border. Begin in the second right interspace in the midclavicular line, and with the plexímeter finger parallel with the ribs and pointing towards the sternum percuss over the tip of the finger and gradually approach the sternum. By beginning percussion as far from the sternum as the midclavicular line, one is sure in normal lungs of getting clear pulmonary resonance to start with. If the tip of the finger is applied firmly to the surface, and the percussion stroke is made to fall upon the distal joint of the finger, or upon the nail, the proper sound of the underlying organs is developed in this situation without the use of great force. Moreover, the tip of the finger appreciates differences of resistance and fremitus better than other portions of the finger, and in mapping out the heart by percussion a difference in resistance is as important, perhaps more important, than difference

in resonance. As one percusses gradually towards the sternum, a point is soon reached where the pitch of the note rises, the resistance increases and there is less volume of sound. Very often it will be necessary to repercuss several times with varying degrees of percussion force, and during full expiration by the patient, before one can be sure of the cardiac limits. In general, I think, one is more apt to under-estimate than over-estimate the true limits of the heart.

Having found the cardiac boundary in the second right interspace, the same method is followed in the third and fourth interspaces. Then percussion is made over the sternum, beginning at the suprasternal notch and going downward. Considerably greater force is required here. To the left of the sternum, for the upper border of the heart, percussion begins beneath the clavicle in the parasternal and midclavicular lines, and proceeds downward, a finger breadth or less at a time, until dullness is reached. Here the transition from resonance to dullness, with increased resistance and heightened pitch, is usually sharply marked, although greater force may be necessary to bring it out than was required to the right of the sternum. In mapping out the left border of the body of the heart it is better to proceed from the armpit towards the heart in the third and fourth interspaces. This is the most difficult part of the heart to map out, because the mamma in women and the muscle masses in men interpose great obstacles. But in ordinary cases careful percussion, with special attention to the degree of resistance and to pitch, will give fairly accurate results. For the determination of the cardiac limits at the apex it has seemed easiest to me to follow the fifth interspace from the axilla towards the apex, percussing gently and in the same manner as already described in speaking of mapping out the right border. Only gentle percussion is required in this situation, because the chest walls are relatively thin and pulmonary resonance changes abruptly to cardiac dullness.

The lower border of the heart is separated from the liver by noting the the line where flatness and great resistance change to dullness and less resistance, as one percusses from below upward.

This method is like that advocated by Musser, and by Gibson and Russell, except that more attention is given to the degree of resistance and to the value of palpation in the percussion.

Auscultatory percussion should be used to check the results obtained by the method just described, which is a combination of ordinary percussion and palpation. The bell of the stethoscope should be placed over the position of the apex-beat.

The Salaried Physicians.—As many know, the Chinese physician receives a salary from his patients as long as they are well, and as soon as they get ill his pay stops. Some American families, not disdaining to learn something from the other side of the world, have partially adopted the same plan; that is, they pay the salary whether they are sick or well; and it is, of course, the interest of the doctor to keep them well as much as he can so as to save himself the trouble of attending them. When the Chinese method, or the American modification of it, comes into general practice, it will be the interest of the physician who has charge of a family to study each member of it-physically, mentally, spiritually; to prescribe for them correct environment, proper diet and healthy habits; and to labor with the view of inducing them to keep in touch with all these.—*Will Carleton's Magazine.*

*Drainage in Abdominal Surgery.

By J. W. LONG, M. D., Salisbury, N. C., Emeritus Professor Diseases Women and Children, Medical College of Va.

MANY of the problems involved in abdominal surgery have been settled, not always in the same way by different men it is true, but by a general concensus of opinion, the outcome of our gradually accumulated knowledge, many of the procedures practiced in abdominal surgery have been agreed upon.

For instance, every surgeon agrees and insists that his hands, instruments, the field of operation, etc., must be clean, surgically clean; and it doesn't matter whether a man believes in "bugs" or not, he says, "you must be clean;" nor does it matter whether he scrubs his hands till the superficial epithelium slips, dyes them and bleaches them in strong chemicals, or merely scrubs his hands and rinses them in alcohol, still he emphasizes that you must be clean. Not only is cleanliness next to godliness in surgery, it is godliness itself.

While some surgeons make a short abdominal incision and some make a long incision, all agree that the incision should be sufficiently ample to allow the operator to work easily and expeditiously.

While some surgeons employ silk ligatures and sutures within the abdomen, and others use catgut; some steam their silk fractionally, others boil it one time only, still others do both; some sterlize their catgut by dry heat, others cumolize it; yet all mantain that whatever material is employed and by whatever process it is prepared, it must be absolutely sterile, non-irritating, easily absorbed, and the smallest size commensurate with safety.

We all agree that loss of blood is the chief factor in the production of surgical shock.

I dare not include in this catagory of agreements the various methods of closing the abdominal incision, for if the gentlemen who practice the different methods of closing the abdomen were to suddenly agree, we might be forced to draw the same inference that the new waiter did at the medical banquet. You have all heard that story. After several courses had been served, the new waiter said to the old waiter, "I believe these doctors are getting drunk" The old waiter said, "I don't see any signs of it." The new waiter replied, "I don't either except that they are beginning to agree with each other."

Touching many other points there is a general concensus of opinion why can we not settle upon some well defined principles in the matter of abdominal drainage. To this end I have invited the attention of this distinguished body. Every since Robert Houstoun in 1701 incised the abdomen of Margaret Millar and left a "small tent in the lower angle of the wound," drainage has been considered a question of prime importance in abdominal surgery. Indeed, incision and drainage were about all that surgeons dared to do till the immortal McDowell deliberately removed a tumor from Mrs. Crawford in 1809.

That drainage is essential and desirable in some cases is evident, that it is unnecessary and undesirable in many cases is equally clear.

Let us then consider briefly

*Read before the Southern Surgical and Gynecological Association at Atlanta, November 13th, 1900.

THE OBJECTS OF DRAINAGE.

The chief purposes forwhich drainage is employed are as follows:

1. To drain away existing septic material.

2. To afford an exit for the sepsis when the operator fears he has possibly infected his patient.

3. To provoke adhesions and thereby wall off weak spots from the remainder of the abdominal contents.

4. To keep the peritoneal cavity free of blood and other fluids.

5. To allow of a more certain knowledge of the conditions present in the abdomen.

6. Gauze drains are sometimes employed as tampons to control hemorrhage.

1. To drain away septic material:

There can be no question of the propriety of drainage in those cases where sepsis is already present. Its value has been emphasized many times in cases of suppurating appendicitis which may be taken as typical of septic cases. But it is to be noted when we come to apply this rule of action to other cases presumed to be already septic that the surgeon, who does not follow a routine formerly drained many cases that he now feels safe in closing without drainage. By way of illustration, take the following recent cases occuring in the hands of the writer:

Mrs. S., a very small woman, age 23, white, delivered forty-eight hours before she was seen by the writer of an average sized child, conditions only fair, pulse 120, temperature 101°, emaciated, abdomen greatly distended with an ovarian cyst. A few days' delay was advised. After ten days abdominal distension was increasing, respiration was beginning to be embarrassed. Contrary to the writer's usual custom he tapped the abdomen, drawing off thirty pints of heavy gelatinuous fluid. This relieved the dysnoea but the evidences of sepsis continued. After a few days the patient having gained a little strength, she was taken to more comfortable quarters and the tumor removed. The tumor when removed weighed thirty-three lbs., which added to the thirty pounds removed at the tapping a few days previously made sixty-three pounds. The tumor and pregnant uterus probably weighed as much as the woman. The cyst was multilocur, containing many different kinds of fluid. Adhesions were numerous, and evidence of widely spread peritonitis were present. Because of the friability of the cyst wall a quantity of the fluid escaped into the abdominal cavity. The abdomen was thoroughly washed out and left filled with salt solution and the incision closed without drainage. The recovery was perfect.

Formerly it would have been considered necessary to drain this case because of the sepsis and peritonitis.

Nor is it necessary to always drain after removal of pus tubes even when the sac ruptures and the parts are bathed in pus, since it is well known that pus is frequently free from pathogenic germs. This is especially true in old abscesses. Even the presence of some forms of pathogenic germs, noticeable the genococi, is not an indication for drainage. The principle of drainage in septic cases is decidedly applicable when we invade the peritoneum through the vagina. Indeed, in these cases, as in suppurating appendicitis, the chief object is to drain the pus foci and serum distended tissues. Here we have ideal drainage, for gravity aids capillarity, and it is oftimes marvelous how quickly these patients recover.

2. When the operator infects his patient:

After the earlier operators got over their dread of opening the peritoneum, surgeons gradually learned that the mere opening the peritoneum was a perfectly safe procedure, provided the operator's hands and implements were sterile. In this day it is almost inexcusable for a surgeon to infect his patient, yet almost all of us say, "if we handle the parts a great deal it is better to drain;" unmindful of the fact that we are virtually admitting that we have probably infected our patient. With instruments, sutures and sponges thoroughly sterile, with our hands conscientiously scrubbed, washed in chemicals and the use of rubber gloves, prolonged handling of the parts ought not to be an indication for drainage.

However, the unexpected occasionally happens:

Last month while the writer was doing an hysterectomy in a private house in a distant city, the patient suddenly stopped breathing, and she looked like all the blood in her body had suddenly sidetracked itself into the capillaries and was determined to stay there. It required prolonged efforts at artificial respiration with the patient in the inverted position to establish the respiratory function. But for the intelligent, faithful efforts of professional friends the patient must have died. The writer was kept busy trying to protect the open abdomen. Of course chloroform was the anæsthetic being used. A friend of mine had just lost a patient from the same anæsthetic a a few days before.

After this anæsthetic episode everything went wrong as they usually do when one thing gets awry. The outcome was that when the operation was finished we did not know whether the patient was infected or not. For fear that she was, drainage was employed. The recovery was stormy but satisfactory in the end.

3. To promote adhesions and wall off weak spots:

The well known property of the peritoneum to throw plastic lymph around any foreign body is often utilized when after injuries to the bowels, ureter, or other viscus there is fear of leaking and consequent contamination. The gauze drain here serves the dual purpose of isolating the vulnerable part and drainage.

4. To keep the peritoneal cavity free of blood and other fluids:

Just here is a point of departure. One school cites the fact that blood or serum or any innocuous fluid when retained in the abdominal cavity makes an excellent culture medium and claims that the way to prevent infection is to keep the peritoneal cavity free from fluids. Even when hemorrhage has been controlled advocates of this plan expect, in most cases especially where many adhesions have been broken up, that there will be enough oozing to require drainage. They usually use a glass drain and empty it frequently with a long nozzle syringe.

The other school takes the position that the peritoneum is amply able to take care of any reasonable amount of oozing blood or indeed a large amount of other fluid, even when there is mild infection present, and they encourage this absorptive function of the peritoneum by leaving in its cavity a liberal quantity of normal salt solution, which is not only easily absorbed itself but dilutes the oozing blood and renders it more readily absorbed. Those who follow this teaching close the abdomen without drainage no matter how many adhesions have been broken up or how much fluid is left in the peritoneal cavity.

5. To allow of more certain knowledge of the conditions present in the abdomen:

This argument is used in favor of the drainage tube particularly in

cases where there are great fears of hemorrhage. It must be conceded that hemorrhage occurring within a few hours after operation may be detected by means of the drainage tube and syringe. The same is true to a less degree of the gauze drain.

The objection to this argument is that in the vast majority of cases it is unnecessary to inspect the abdominal cavity to see if there is hemorrhage. The use of suture material that will not readily break or untie, with careful inspection of every possible bleeding point, ought to insure against hemorrhage; certainly this is true in all cases in which the tissues are not softened by sepsis or malignancy.

6· Gauze tampons:

There are a variety of circumstances under which it is expedient to pack a bleeding point with gauze tampons to control the hemorrhage. In these cases the gauze of course also acts incidentally as a drain.

HISTOLOGY AND PHYSIOLOGY.

Many of the reasons advanced in favor of drainage were promulgated before the histology and physiology of the peritoneum were understood.

Wegner in 1877 was the first to demonstrate the wonderful ability of the peritoneum to absorbs fluids even as much as the entire weight of the animal in twenty-four hours.

Muscatello in 1895 proved that while there were no stomata between the peritoneal endothelium, that fluids and minute foreign bodies passed between the endothelium of the diaphragmatic peritoneum by a retraction of the cell protoplasm, from thence they were taken up by the open spaces found only in this portion of the peritoneum and passed on into the lymph circulation. This observer demonstrated a normal intra-peritoneal current, capable of carrying fluids and small bodies to the diaphragm, and this too irrespective of position through gravity has a marked influence on the current.

It has also been shown that the leucocyte is the principle bearer of foreign particles along the highway just described.

Another fact pertinent to the question is that the leucocytes and other factors producing this intra-peritoneal current bear off pathogenic bacteria along this wonderful highway as readily as they carry innocuous substances provided the enemy be not too numerous or too virulent.

These facts open up to our view the surprising capabilities of this highly vitalized membrane, and the abdominal surgeon should doff his hat to his ablest ally—the peritoneum.

OBJECTIONS TO DRAINAGE.

Excluding cases of acute suppurative infection, such as appendicitis pelvic abscess that can be reached through the vagina, and wide-spread general peritonitis, drainage is objectionable for many reasons, among which are the following.

1. It is deceptive.

The writer has tried all kinds of drainage and found them unsatisfactory. Its use is not a guarantee against infection—the ever present menace to the patient; in fact, both gauze and the glass tube constitute an additional source of infection.

Cases not drained do better.

The observation of any considerable number of cases will demonstrate this. A similar per cent. of the patients become infected, they suffer less

nausea, less pain, require less morphine, have less tympany, the bowels are are more easily moved, the mortality is lower, and in a word, do better than cases that are drained.

3. Drainage is neither scientific nor workmanlike.

I say this with an apology and all due deference to those distinguished gentlemen present who drain most of their cases.

Take a case of large myoma or pus tubes with adhesions. To drain such a case is to say in substance to the patient, "we cannot open your abdomen, remove the abnormal growth, to separate the unnatural adhesions, and close your abdomen without leaving your peritoneum in a condition that requires an open door." The "open door" policy is alright for China, but not for the perironeum. The presence of a drain is a tacit admission that we have left something undone that we ought to have done, or that we have done something that we ought not to have done. Even in a case of suppurative appendicitis or pelvic abscess, if we could enucleate the sac in its entirety and without contaminating the surrounding tissues just as we do a simple pus tube, there would be no need of drainage, but since this cannot be done we must content ourselves with less complete work and leave nature to finish the job. Joseph Price who is known as an advocate of drainage in certain cases is quoted as saying, "drainage is an evidence of incomplete work." In a word we drain when we cannot do better.

Bilateral Parotitis—Report of Case.

By C. Z. CANDLER, Dillsboro, N. C.

I WOULD like to report a case of bilateral metastatic parotitis that came under my observation a short time ago. On the morning of July 8th I was called to see Sam'l M—, a young man 26 years of age. On arriving I found patient in an unconscious condition, a condition in which he had been for about an hour. Extremities were cold and cyanosed. Could scarcely detect radial pulse, but could feel carotids, which were about 55 per minute. I at once suspected cholera morbus, and my diagnosis was confirmed when on inquiry I found that on the day before he had been working in the harvest, had drank large quantities of cold water, and had eaten a number of unripe apples. Patient had gone to bed feeling as well as usual. About 2 o'clock in the morning he awoke with a chill and an intense headache. He soon began to vomit and to have a thin, watery discharge from the bowels. He remained in this condition until about 8 a. m., when he was suddenly taken with cramps in the abdomen and lower extremities. He rapidly passed into the condition in which I found him when I arrived. My first impulse was to give morphia, but knowing it would take a large dose to produce the desired effect, I decided not to use it just then on account of the cardiac weakness. I administered gr. 1-40 strychnia and gr. 1-100 atropia hypodermically. Pulse soon began to gain in force and frequency. Patient soon regained consciousness and seemed to be suffering intense pain in stomach and bowels. I then commenced giving morphia gr. 1-6 every hour per orum, at the same time using hot applications over bowels. This soon relieved him and he passed off into a deep sleep and remained in this condition until late in the evening, when he awoke much improved.

He seemed to be getting along nicely the following day, and I have no doubt but he would have made a speedy recovery, but unfortunately for him, as well as myself, the nurse in charge would yield to his demands for food *and water*. Patient was allowed to eat a quantity of "chicken pie," and the result was I had to go back about 10 o'clock that night. I found him, in what I thought to be, a dying condition. Pupils dilated, respiration 4 to 6 per minute, and pulse almost imperceptible. I at once administered ℥ss whiskey by the mouth and gr. ¼ morphia subcutaneously. This soon revived him and he rested very well during the night. On the following morning he complained of sharp cutting pains in the region of parotid glands. I did not give this much note until the next day, when I found jaws and neck considerably swollen with intense hyperaemia. There was a large indurated mass on both sides of face in the neighborhood of parotid glands. I ordered applications of tinct. iodine, hoping I might be able to abort the inflammation and prevent suppuration.

On July 22d I was again called and found both sides of face and neck swollen out of all proportion. I could not detect any fluctuation whatever, so I decided to wait until the next day to make an incision, seeing this was my only resort. In the meantime I ordered the application of poultices of bran and corn-meal. I returned the next morning and found pus escaping from the external ear, and almost complete loss of hearing. Patient complained of pains just behind the sternum. This aroused my suspicion, for I then thought the pus either had or would penetrate the anterior mediastinum. I still failed to detect any fluctuation but decided to make the incisions as I did not think this could make his condition any worse.

I made one incision about 1 inch anterior to and opposite the lower margin of ear. I then made another just below the lobule of the ear, my first incision being about 1½ inches in length, the second about 1 inch. The same procedure was gone through with on the opposite side. To my surprise there was no escape of pus, but on pressure a small amount of a granular, yellowish substance could be forced out. I again ordered the bran and meal poultices and by the following morning a considerable amount of pus had escaped, his hearing and general condition being much improved. It is now nearly a week since that time, and I don't believe the estimate would be too high if I should say from 4 to 6 pints of pus has escaped. During the week he had a considerable hemorrhage from the right ear—about 1 pint of blood escaping—but since that time there has been no escape of blood from either the ear or incisions. His stomach and bowels now seem to be in a good condition, and I can see no cause, with tonics and proper dietetic measures, for his failure to recover.

How Silk Equalizes Temperature.—It is known to everybody that silk is electrified by friction. Acting upon the suggestion thus furnished, a French savant, Monsieur Henry, has made experiments which show that the electrification of the air enclosed in a tissue of silk produces a circulation of its particles which tends to equalize the temperature. A similar effect is observable in wool, and hence the superiority of silk and wool for garments intended to protect the body against vicissitudes of climate.

War.—A German proverb tells us that every great war leaves a country with three armies—*one* of invalids, *one* of mourners and *one* of idle persons ready to commit crime.

The American Illustrated Medical Dictionary. A New and Complete Dictionary of the Terms Used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry and the Kindred Branches, With Their Pronunciation, Derivation, and Definition, Including Much Collateral Information of an Encyclopedic Character. By W. A. Newman Dorland, A. M., M. D., Assistant Obstetrician to the University of Pennsylvadia Hospital; Editor of the American Pocket Medical Dictionary; Fellow of American Academy of Medicine; Together With Elaborate Tables of Arteries, Muscles, Nerves, Veins, Etc., of Bacilli, Bacteria, Diplococci, Micrococci, Streptococci, Ptomains and Leukomains, Weight and Measures; Emponymic Tables of Diseases, Operations, Signs and Symptoms, Stains, Tests, Methods of Treatment, etc. With Numerous Illustrations and 24 Colored Plates. Price, $4.50 plain; $5.00 index. Philadelphia and London. W. B. Saunders & Company. 1900.

To give our readers an idea of this magnificent work as to the objects sought to be obtained by the author, we make the following extract from the preface :

"The aim of the author of this work has been to produce, in a volume of convenient size, an up-to-date Medical Dictional Dictionary, sufficiently full for the varied requirements of all classes of medical men. Physicians and students have long felt the need of such a work. The book does not claim to be an encyclopedia ; it is a dictionary, a concise and convenient word-book, aiming to furnish full definitions of the terms of medicine and kindred branches, and such collateral information as medical men generally would be likely to look for. The author has sought a middle course between the large, unwieldy lexicon and the abridged student's dictionary, avoiding the disadvantages of each.

Special attention has been given to the wording of definitions, with the intention of making them clear, concise and yet sufficiently complete. Under the more important headings a considerable amount of collateral descriptive matter has been included. For instance, under each drug are given its composition, sources, properties, uses, and dose ; under the more important diseases, an account of their etiology, symptoms, etc.; under the principal organs, a description of their structure and function."

Diseases of Women. By Henry J. Garrigues, A. M., M. D , Professor of Gynecology in the New York School of Clinical Medicine; Gynecologist to St. Mark's Hospital and to the German Dispensary, New York City, etc. Handsome octavo; 756 pp. Illustrated by 367 engravings and colored plates. Cloth, $4.50 net; sheep or half morocco, $5.50 net. W. B. Saunders & Co.

The reputation of the author as well as the previous cordial reception of this work by the profession, now in its third edition, makes extended comment unnecessary. It is a practical, up-to-date treatise on gynecology, one that has been largely used as a text-book in our medical schools, a fact which speaks much for its general accuracy and sound conservatism. The texts and the illustrations are of the first order, and the work as a whole will justify the expectations of any one desiring a modern book upon this subject.

Manual of the Diseases of the Eye. For students and general practitioners, with 243 original illustrations, includiug twelve colored pictures. By Charles H. May, M. D., Chief of Clinic and Instructor in Ophthalmology, Eye Department, College of Physicians and Surgeons, Medical Department, Columbia University, New York. Wm. Wood & Co., New York, 1900.

This very excellent little volume is all that it's title implies. Those rare diseases of the eye, which are of interest only to the specialists, receive but brief space, and the author has taken advantage of this to go into a more complete and extended description of those more common diseases, such as the general practitioner will be called upon to treat. The work is not encumbered by details and discussions of subjects of scant practical utility, and the author has shown commendable judgment, doubtless the result of his extended experience in teaching, in the selection of subjects that should be more fully treated from a practical standpoint.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart A. Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Assisted by Charles Adams Holder, M. D., Assistant Demonstrator of Therapeutics in the Jefferson Medical College. Volume III, September, 1900. Diseases of the Thorax and Its Viscera, Including the Heart, Lungs and Blood Vessels; Diseases of the Skin; Diseases of the Nervous System; Obstetrics. Cloth. 408 pp. Price $10.00 per year. Philadelphia and New York: Lea Brothers & Co. 1900.

The third volume of Progressive Medicine is as readable and instructive as any of its predecessors, which in itself is saying much. The discussion of the various plans of treating pneumonia will be found both interesting and complete. Hope is held out that a serum at once efficient and harmless will ultimately be discovered, which will destroy the pneumococcus. Reference is also made to the efforts to increase plagocytic action by injection of nuclein. The question of the surgical treatment of pericarditis is extensively discussed and full directions given for the operation. The present volume is one of great value.

Stringtown on the Pike: A Tale of Northernmost Kentucky. By John Uri Lloyd, author of "Etidorhpa." With illustrations. New York: Dodd, Mead & Co., 1900.

Physicians and druggists will be especially interested in this book because it is the work of a physician and pharmacist, one, too, who has achieved renown as a scientific teacher of chemistry and pharmacology, and as the author of numerous abler papers on these subjects contributed to pharmaceutical and medical journals.

"Stringtown on the Pike,"is a tale of "Old Kentucky," written by one who in his boyhood days chased butterflies through the dust of this pike and dreamed day dreams in *bloody hollow*—the opening scene of his story.

The trial of Red Head for murder, the expert testimony introduced to prove that strychnine had been administered, the dramatic ending of the "mountain fued" after sentence had been pronounced, the demonstration by Susie (the heroine of the story), that morphine and golden seal when mixed in certain proportions would give the same color reactions as strychnine; all told in the author's characteristic simple, direct style, holds the reader spellbound with interest. The historic character of the book adds greatly to its value.

The passing of this generation will end the tragic fueds of Kentucky, just as ended the struggles of the clans of Scotland, but the memory of the latter lives in the writings of Sir Walter Scott, while the former are being rendered immortal by the pen of John Uri Lloyd, M. D.

Saunders' Question Compends. No. 25. Essentials of Histology. By Louis Leroy, B. S., M. D., Professor of Histology and Pathology in Vanderbilt University, Medical and Dental Departments; City Bacteriologist to Nashville, Tenn.; Bacteriologist to the State of Tennessee, etc. Arranged with Questions Following Each Chapter. 72 Illustrations. Philadelphia and London. W. B. Saunders & Company. 1900. Price $1 Net.

Among the most useful books to the student or practitioner preparing for examination, or to the busy doctor who desires to keep up all along the line, are the Saunders' Question Compends, as they contain Essentials only.

No. 25, on Histology, by Dr. Louis Leroy, is well up with the recent advances and discoveries, and it gives us pleasure to recommend it, as well as all the others in the series.

A Manual of Personal Hygiene, edited by Walter L. Pyle, A. M., M. D., Assistant Surgeon to Wills Eye Hospital, Philadelphia; former editor of the *International Medical Magazine*, etc., aided by the following contributors: J. W. Courtney, M. D., Geo. Howard Fox, M. D., B. Alex. Randall, M. D., E. Fletcher Ingals, M. D., G. M. Stewart, M. D., (Edin.), Chas. G. Stockton, M. D. Illustrated, 340 pages, $1.50 net, W. B. Saunders & Co., Publishers, Philadelphia, Pa.

"The object of this manual is to set forth plainly the best means of developing and maintaining physical and mental vigor. Throughout the book there is concise but adequate discussion of the anatomy and physiology of the parts under discussion, upon which is based the subjoined advice.

"Although each chapter is complete in itself, there has been purposive repetition of remarks upon subjects of such general interest as eating, drinking, breathing, bathing, etc., in order that they may be discussed more thoroughly from several standpoints."

The above quotation from the preface of this excellent little book sets forth its nature. It is readable and of value to the profession and laity alike.

Suggestive Therapeutics and Hypnotism.—A special mail course of thirty-eight lessons on the uses and abuses of suggestion by Herbert A. Parslyn, M. D., C. M., Principal and Founder of the Chicago School of Psychology—second edition, revised. Suggestion Publishing Company, Chicago, Ill., 1900.

This book of nearly four hundred pages is a clever exposition of a subject very vaguely understood by the majority of our profession. In the thirty-eight lessons the author takes up, seriatum, definitions, the dual mind, brain circulation, attention, suggestive condition, how to suggest, anti-suggestion, how suggestion operates, functional disorders and their treatment, a typical case, its diagnosis, treatment and cure, insomnia, headaches, etc. The author's style is clear and concise; he is evidently in love with his subject, and writes with the enthusiasm of one who is conscious that he is right. A careful reading of the work will give one a working knowledge of suggestion and place in the hands of the physician a much neglected agent for good. We copy from the preface as follows:

"Our doctors have been too materialistic, our so-called metaphysicians, Christian scientists and mental-healers too ignorant of medicine and the law of suggestion.

"The work should be combined. We cannot ignore the body. We cannot do without either food or medicine. Hunger and thirst may be classed as disease. What are the remedies? Bread, butter, beefsteak, potatoes and pure water. Show us how to do without these and we can think of dispensing of medicine of all kinds."

Review of Medical and Surgical Progress.

The Treatment of Empyema.— Martin (*Therapeutic Gazette*, Aug. 15-1900,) thinks that the prevention of empyema is best effected by the aspiration of all pleural effusions as soon as discovered. In doing this minor operation, several points must be borne in mind. The site selected should be in the eighth interspace, just anterior to the line of the scapular angle and anesthesia secured by cocaine or by freezing [or by pure carbolic acid]. The skin should first be opened by a knife and the aspirating needle carried through this incision across the upper border of the rib. Continuous drainage with a tube is indicated in reaccumulations of the serus fluid. For the empyema itself, the only treatment is opening and draining without delay. In recent cases, Martin has had satisfactory results from Bulau's continuous syphon drainage, a method by which there is introduced through the aspirating cannula a rubber tube three or four feet long, having one end in the thoracic cavity and the other in a jar on the floor filled with an antiseptic fluid. The tube enters the jar through a perforated cork that also has a second opening into which fits a piece of glass tubing. This causes a continuous flow from the chest cavity, rapidly draining the pus away and forcing the lung to expand. The patient leaves his bed as early as possible and wears a small bottle strung about his waist, keeping up the drainage.—H. A. R.

Appendicitis in Its Relation to Insurance.—E. Francis Morrill (*Medical Examiner and Practitioner*, Oct. 1900,) after reviewing the statistics, concludes that two attacks of appendicitis should reject an applicant for life insurance, that at least three years should elapse after an initial attack before he would be safely insurable and that the question of mistaken diagnosis must make us guarded in our recommendation. He further summarizes as follows:

"1st. That acute appendicitis has a recurrence of from 25 to 30 per cent.

"2d. That such recurrence is usually within the first three years.

"3d. That cases treated by removal of appendix are safely insurable two years from date of recovery.

"4th. That all other cases should be regarded with suspicion."–H.A.R.

The Mosquito and Yellow Fever.—The evidence adduced by Drs. Reed, Carroll and Agramonte that the mosquito is the carrier of the infection of yellow fever, has called out other evidence or suggestions. The freedom of the Southern piney woods region from yellow fever has been noticed before. It is said that the disease never spreads there, and the fact was generally attributed to some peculiar influence of the pines. Now it is claimed that the absence of the mosquitoes in the pine woods may account for the freedom from the disease, previously credited to some medical virtue of the trees. Another thing noticed in the South as corroborative of the mosquito theory, is that, while the yellow fever infection seems sometimes to survive a cold winter, it disappears after a slight frost, which also makes an end of the mosquito. These are not yet scientifically demonstrated facts, but they may be worth looking into and verifying if possible. There is ample room for further study as to the nature and etiology of yellow fever, and every little helps.—*Journal A. M. A.*

Incompatibilities of Heroin and Heroin Hydrochloride.—Heroin and herion hydrochloride form an esssntial part of so many formulæ for the relief of cough, dyspnea and pain in the treatment of respiratory affections that it is important to determine in what combination they will prove most effective, and what are their incompatibilities. Owing to the insolubility of heroin in watery solutions it is necessary to add a few drops of some acid, acetic or hydrochloric, in order to effect its solution. This can be entirely obviated by using the hydrochloride, which is freely soluble. The only incompatibilities of heroin and the hydrochloride worthy of special mention are the alkalies, such as bicarbonate of sodium and carbonate of ammonium. On the other hand, salts of neutral reaction, such as iodide of potassium or chloride of ammonium may be used in the same mixture, and this also applies to acid salts, such as the hypophospites or acid phosphates. The vegetable expectorants, as ipecac, senega, squill and sanguinaria are entirely compatible with heroin and its hydrochloride. Although many physicians employ heroin without admixture very desirable results have been reported from combinations with iodide of potassium, chloride of ammonium, and the vegetable expectorants, according to the indications present in particular cases. A word as to the dosage of heroin and heroin hydrochloride may be of interest here. The large doses at first recommended at the time of the introduction of heroin are no longer preferred by the majority of authors, the average dose ranging from 1-24 to 1-12 grain in adults, and 1-120 to 1-60 grain in children. It is advisable not to employ larger doses until the smaller ones have been given a trial. Furthermore, many physicians now resort to the hypodermatic use of heroin hydrochloride in cases in which it is desirable to obtain an immediate effect, and especially in the treatment of spasmodic conditions, such as asthma, care being taken in the preparation of solutions not to add the drug until the water has partially cooled.

An Exemplary Sentence.—It is encouraging to find that people who deliberately offend against the well-being of the public are being taught salutary lessons by those in authority. On the 27th ultimo, a man was prosecuted by the London Country Council for "endangering the public." This he did by continuing to sell milk, after a case of typhoid fever and one of diphtheria, had occurred on his premises, and after he had been warned. He was fined £7, 10s. As no less than eight of his customers contracted typhoid fever, he certainly got off lightly, and our only regret is that he was not given twelve months' "hard," which he most richly deserved.—*The Therapeutic, London, Eng.*

Curing a Boil.—A writer in the *Peoria Medical Journal* describes his method of treating boils. To render the procedure painless a few drops of cocaine are introduced into the tissue and cavity of the boil, using a very fine needle, which is at first allowed to rest with its point upon the inflamed surface with merely the weight of the syringe to gradually force it beneath the skin. If there is a drop of cocaine on the point of the needle it will soon prepare the way, for the further and more forcible introduction without pain, and then the cavity is made the recipient of enough to completely anesthetize its surrounding tissue. When that is accomplished a little larger needle is readily introduced and several drops of ninety-five per cent. carbolic acid pressed tightly into the cavity. Absolute sterilization is invariably secured, and with absolutely no suffering to the patient whatever. A felon may be treated in the same way.

Esophageal Spasms.—In the contraction of the esophagus that is sometimes seen in hysterical women, it is well to remember that there is sometimes a source of local irritation which appears to favor the occurence of this condition. Ears plugged with wax, large tonsils and adenoids, nasal growths, may all be responsible and should be looked for. The mental effect of slight surgical procedures, when really indicated, is a great advantage.—*Internat. Jour. Surg.*

Deafness.—Arising from repeated attacks of quinsy, which close the internal auditory passages, may be overcome by the continued and alternate use of tincture belladonna and tincture sulphur, in half drop doses; or one-fourth grain of iodide of potassium thrice daily, will dissipate the thickening of the mucous membrane which closes the tube. Blisters reapplied behind the ears exert a good influence.—*Medical Summary.*

Epileptic Eye Strain.—The writer uses this term as applicable to those cases of epilepsy where the cause is supposed to be due to eye-strain. He says: "It seems a very logical conclusion that eye-strain might produce an epileptic convulsion, when we consider the complicated arrangement of the nerves of the iris and ciliary processes. I do not believe that the direct effort that is made by the eye to produce normal refraction causes an epileptic attack, but the continual effort that is put on the filaments of the nerves of accommodation in the course of time set up a reflex condition of the sympathetic system that produces the paroxysm, just as it does in other organs of the body."

The writer reports two cases to illustrate his remarks. One is a female, nine years old, who had epilepsy since the age of four years. This patient had a compound myopic astigmatism of moderate degree, in which the proper lenses were prescribed and had controlled the attacks.

The other one was a girl, age eight years, in which epileptic attacks had continued for five years. Compound hypermetropic astigmatism was corrected with proper lenses, and there was no recurrence of the attack five months later.—*N. Y. Medical Journal.*

The Treatment of Croup.—In an article published by De Guy, in the *Journal des Praticiens* of July 23, 1900, we are told in regard to the treatment of croup, aside from the use of antitoxin, that it is wise in many instances to use local antiseptics. If the breath is fetid and the throat is sore it is often wise to use energetic disinfectants. Such a one consists in

Chloral, 1 to 2 drachms;
Distilled water, 1 quart.

This may be used with a soft catheter as a wash for the postnasal spaces and pharynx, the child being held in such a position that its head is below its body so that the fluid will not choke it.

In other instances:

Permanganate of potassium, 15 grains;
Boiled water, 4 quarts.

This forms a better wash.

In still other instances peroxide of hydrogen in the proportion of 1 to 10 may be used for similar purposes.

These washings of the postnasal spaces are continued as long as is necessary to overcome fetor and to combat the development of false membranes. Indeed, they should be employed even after the membrane has disappeared in order that the Loeffler bacillus may be destroyed.

For the purpose of overcoming the depression, which is often pronounced and serious, a rectal injection given once or twice a day, made up as follows, may be employed:

Caffeine, 10 grains;
Benzoate of sodium, 10 grains;
Distilled water, ½ ounce.

If it is desired to administer a cardiac tonic by the mouth the following prescription may be ordered:

Caffeine, 1 drachm;
Tincture of kola, 6 drachms;
Fluid extract of cinchona, 3 drachms;
Wine, 1 quart.

Of this a wineglassful may be given several times a day.

If the condition is presented in which caffeine does not seem to exert a sufficiently stimulating influence, artificial serum should be injected in quantities varying from two to ten ounces. This serum may be made up as follows:

Chloride of sodium, 60 grains;
Sulphate of sodium, 45 grains;
Distilled water, 1 quart.

This should be given by hypodermoclysis.

Other conditions may arise in the course of the disease, and nervous excitation, which may to a great extent, be controlled by the use of the following formula:

Bromide of sodium, 2 drachms;
Antipyrin, 2 drachms;
Peppermint water, 2 ounces;
Syrup of orange, 4 ounces.
A teaspoonful, according to age, every few hours.

De Guy asserts that the benzoate of sodium is an exceedingly valuable remedy should symptoms of bronchitis develop. The following formula may be used for its administration:

Benzoate of sodium,
Cherry laurel water, of each two drachms;
Syrup of orange flowers,
Peppermint water, of each 8 ounces.
A teaspoonful of this may be given twice or thrice a day.

The following formula may be used in an atomizer for the purpose of acting as a deodorizer in the atmosphere of the room:

Eucalyptol,
Essence of thyme,
Essence of citron,
Essence of lavender, of each 1 drachm;
Alcohol, 5 ounces.

—*Therapeutic Gazette.*

Large Doses of Digitalis in Acute Alcoholism.—*The Medical News* of August 18, 1900, contains an interesting paper by Loomis on the above subject. From a year's experience the author reaches the following conclusions: (1) The indiscriminate use of large doses (half an ounce) of digitalis in acute alcoholism is fraught with danger. (2) The kind of cases in which it should be given are the strong, robust patients in early life, suffering from no complications, and with violent delirium. In these cases the result, he believes, will be exceptionally favorable. They become quiet, and go to sleep with a certainty and promptness that is not obtained by any other methods with which he is familiar. (3) If after three doses no narcotic effect is noted, he would not advise the continuance of the remedy. He

believes in the above class of cases it can be used with perfect safety for a limited number of doses. (4) The failures in his cases were in chronic alcoholic subjects, in middle and advanced life, in anemic individuals with bad nutrition. (5) One fact noted in the cases which showed marked results from the treatment was that when they recovered and awoke from their sleep they were in such good condition that they were able to leave the hospital at once. This is an unusual experience, as ordinarily convalescence is delayed for two or three days.

Dr. B. Alexander Bate, in a paper entitled "Asthma" read before the Mississippi Valley Medical Association at Asheville, October 9, 10 and 11, said: Asthma is a disorder of nutrition, dependent upon the arthritic diathesis.

Loomis, Trousson, Salter and others have considered asthma a diathetic neurosis.

Haig attributes asthma to the effect of uric acid upon the circulation in the thorax.

Modern opinion seems to regard asthma as a neurosis of the pulmonary plexus, due to arthritism.

In bronchial asthma uric acid in the blood so alters nutrition as to cause a neurosis of the branches of the pulmonary plexus, thus inducing hyperaesthesia, and engorgement of the bronchial mucosa, spasmodic contraction of the muscular fibers and the various manifestations of katabolism.

Asthma frequently alternates with such diseases of the arthritic diathesis as neuralgia, migraine, angina and gout.

Clearing the blood of uric acid had relieved asthma only to be followed by gout as the uric acid was precipitated into the tissues.

Asthma may be said to belong to the class of uric acid diseases due to the effect of high arterial tension, in contradistinction to those produced by precipitation of urates into the tissues.

The points emphasizing the uric acid opinion are: The occurrence of asthma most frequently in adults. Males are affected more frequently than females and the disease is transmitted along the male line. Heredity can be traced in fifty per cent of the cases. Arthritism in some form perhaps has occurred in every instance.

Attacks come on most frequently when the blood is loaded with uric acid during the alkaline tides. The cause of asthma may be divided into two classes: First—The systemic or essential cause, the arthritic diathesis. Second—The local or exciting cause of the attack.

The first of these is perhaps present in every cases. Loomis says, "Unquestionably the primary cause of asthma is some constitutional idiosyncrasy".

Cases are recorded in which mediastinal tumors pressing upon the pneumogastric nerve continuously first cause athmatic paroxysms during the alkaline tide. Pressure explains the neurosis and the time of the paroxym manifest the uric acid factor.

The second class of causes can only act when the first exist.

Among the exciting causes may be mentioned, irritating inhalations, certain reflex disturbances, emotional excitement and conditions in general that increase the alkalinity of the blood. Besides these there may exist chronic inflammations of the respiratory tract, and organic disease of the heart.

The asthmatic syndrome is a classical portrayal of uricacidaemia. The prodromal buoyance gives place to corresponding languor and depression of spirits. Sleeplessness, pruritus and headache are marked.

The urine at first is increased and free of uric acid, later it becomes scanty and is loaded with urates.

The paroxysm comes on during the small hour of the morning after meals or from three to six in the afternoon, that is during the alkaline tides or when the meal has raised the alkalinity of the blood.

Under such conditions the capillaries are obstructed, the veins distended, the surface temperature below normal and the extremities cold, blue and shrunken.

The pulse is small and thready. All the symptoms of high arterial tension are manifest.

Emphysema and dilatation of the right heart usually are found in those having suffered for years.

Modern treatment has been able to cut short the attack in most instances and often to prevent its return.

Prophylactic treatment embraces proper hygiene and diet. All means of increasing oxidation and a diet free of the alloxur group.

Prophylaxis should be begun in the children of lithaemic individuals.

The therapeutic measures embrace the care of the attack and treatment during the interval.

After removal of the exciting cause, the treatment of the attack consists in the use of such remedies as overcome arterial tension by freeing the blood of uric acid.

The treatment of the interval consists of the use of such drugs as eliminate uric acid from the system, and the adherence to such a diet as permanently keeps down arterial tension.

The rational treatment based upon the theory of uricacidaemia as the chief factor in the production of asthma has been most satisfactory in the hands of the observer.

The Significance of Earache in Children.—T. H. Halsted (*The Medical News*) after a consideration of the subject, gives the following conclusions:

1. Earache in children is generally caused by acute inflammation of the middle ear, suppurative or catarrhal.

2. Infants and young children may have suppuration in the middle ear without giving satisfactory evidence of pain, or with rupture of the drum membrane.

3. In the absence of other known cause of pain, from which a child is evidently suffering, the first cause to be thought of should be acute otitis media, and this calls for an examination of the drum membrane.

4. It has been shown by examination of the middle ear during life and post-mortem that purulent otitis media is nearly always presnt in acute infectious diseases of the gastro-intestinal and respiratory tracts in young children especially in gastro-enteritis and broncho-pneumonia, to which disease it probably stands in a causative relation.

5. The cause of death in many acute and chronic infectious diseases, in meningitis and in the exanthemata, is the result of unrecognized and untreated abscess of the middle ear.

6. Repeated earaches in children are ordinarily but a sign of acute exacerbations of a chronic otitis media resulting from adenoids.

7. In adult life so-called catarrhal or progressive deafness is often but a final stage of the otitis media which had its beginning in early childhood, when it was due to adenoids, and practically curable.—*Archives of Pediatrics.*

Arsenic in Malignant Tumors.—Trunecyek, of Prague, (*Medical Press*, Sept. 15, 1900), has brought foward the old treatment of arsenic in malignancy under a new guise. According to his method the growth must be painted over with a solution of arsenious acid in alcohol—40 to 75 parts of the latter. The transformation is marked in a very short space of time by healthy granulations, and healing soon appears. This form of treatment, under the designation of the Czerny-Trunecyek method, is practiced in ulcerating sarcoma. When the growth is not too large, or the patient not too much debilitated, perfect recovery can be promised. He records the case of a female who had suffered from a sarcoma of the skin for twenty-four years, and after eighteen months' treatment was perfectly cured.

In following the transitions the first change observed is an anemic condition of the superficial tissue, which cannot be distinguished from the normal beyond being bloodless; deep incisions only let out a serious fluid which oozes out slowly. Subsequently the growth gradually hardens till it is even difficult to cut, and finally necrosis, lying as a hard foreign body which can be easily removed.—*Medical Age.*

Ingrowing Toe-Nail.—For that very painful affection, ingrowing toe-nail, the following treatment is very strongly recommended by Dr. Kinsman in the *Columbus Medical Journal:*

1. Remove all pressure from nail by cutting away a piece of the shoe.
2. Disinfect with hydrogen dioxide until no more "foam" appears.
3. Apply a drop of strong solution of cocaine in the base of the ulcer.
4. Apply a drop of Monsell's solution to the ulcer, then cover loosely with gauze. Repeat this process every second day until the edge of the nail is released by the retraction of the hypertrophied tissue. The patient suffers no pain from the application, and all pain has disappeared the second day. The cure is effected in a week or two without inconvenience or interference with business.

A New Method for the Removal of Foreign Bodies from the Nose and Ear.—To an ordinary syringe he attaches a piece of rubber tubing two or three inches in length, and about as large as a lead-pencil. When the body is located in the ear or the nose, the tube is introduced until the end comes in contact with it, the piston of the syringe is drawn so that a vacuum is created in the tube and the foreign body caught up by the suction force, and is brought out attached to the end of the tube. This is facilitated by first plunging the end of the tube in glycerine before introducing it. Sturrock claims to have succeeded in removing a number of foreign bodies in this manner when other methods had proven difficult and sometimes even impossible. —Dr. Chas. Sturrock in the *British Medical Journal.*

Rheumatism as a Diagnostic Scapegoat (editorial in *Med. News*, April 14, 1900).—Many painful conditions are treated as rheumatism which are not such. Sometimes this has no serious consequences, but at others delay is fraught with unfortunate results; for instance, when a tuberculosis of the ankle or knee-joint, or the referred pains of a tuberculosis hip-joint are treated by rubbing and passive motion instead of rest, harm always results. Flat or weak-foot and occupation neuroses in the hand and arm are liable to exacerbations in damp weather, and are the most fruitful source of error. Tonics are required in most of these, instead of depressant antirheumatics, and definite diagnosis of the exact parts affected is necessary, not only to discover the true character of the affection, but also to assure the rational therapy of the condition.—*Fortnightly.*

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